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ABSTRACT

This guidebook discusses the importance of building consensus in establishing outcomes for community reform to improve the well-being of children and youth, their families, and neighborhoods and communities. The guide is grounded in the premise that community collaboratives have the capacity to develop a set of measurable outcome indicators and performance measures that can be used to inform and guide reform efforts and hold themselves accountable to achieving improved outcomes. The guidebook begins with a brief rationale for the relevance of using outcomes to guide reforms and how it fits as a vital part of the work of community reform efforts. Next are discussions of key ideas and the steps involved in putting the ideas into practice. The guide concludes with 12 appendices, including an annotated bibliography of reports on the well-being of children, state and community examples of outcomes and indicators for children and families, Youth Visions of Hawaii, resources for selecting indicators of child well-being, conditions that lead to child success, going beyond a linear model to reform, mapping community strengths, a framework for measuring comprehensive service reform strategies, innovation and outcome-accountability, producing an impact upon community outcomes, and measuring system accountability. (JPB)

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A Matter of Commitment

Community Collaboration Guidebook Series

PS 027403

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Defining the Prize:

From Agreed-Upon Outcomes to Results-Based Accountability

Charles Bruner

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About the Guidebooks

Over the past decade, there has been a dramatic growth in the creation of community collaborations to design and implement new service approaches for children, youth, and families to better address individual, neighborhood, and community needs. Many of these community collaborations have become very sophisticated in their work, learning and expanding their vision as they go forward.

Many began primarily as collaborations of service providers -- involving organizations and agencies providing health, education, and human services. Increasingly, however, such collaborations have moved beyond a strictly service approach, recognizing that they must involve the entire community to succeed and that they must address economic and social as well as human capital development needs.

As collaborations seek to improve child, youth, and family outcomes on a community level, they inevitably recognize the complexity, as well as the importance, of their task.

In 1994, three organizations -- the Center for the Study of Social Policy, the Child and Family Policy Center, and the Family Resource Coalition of America -- came together with the hope of combining our experiences in the field into something that would be useful to community collaborations seeking comprehensive change. The Center for the Study of Social Policy initiated this work a part of its Improved Outcomes for Children project. The Academy for Educational Development/Center for Youth Development and Policy Research provided guidance and support to us in recognizing the importance of youth development and involvement.

Organizing our experiences and the knowledge we have gained has proved to be a challenge. We started from the premise that society can improve the well-being of its children, but to do so will require fundamental changes in the way communities (both their public and private systems) support and serve children, youth, and families. The work over the last decade represents a base upon which to build.

If we are to impact the current sobering outcomes and trends threatening our children and our society, however, the next decade will require both a broadening and a deepening of these reform efforts. We will have to break new ground to succeed.

Our experience tells us that the changes needed to improve the well-being of children, youth, and families are broad-reaching and involve three complementary and interrelated elements:

1. Effective services and supports that reach out to and connect with children, youth, and families;

2. Community and economic development that provides opportunities for sustaining and supporting families through employment within all neighborhoods in the community; and

3. Neighborhood and consumer participation and involvement in constructing those services and supports and other conditions required to ensure sound futures for children and communities.

This requires changes on many levels. In the end, we sought to arrange our knowledge base about successful reform efforts into different subject areas. While the goal is to produce a comprehensive guide, the different subject areas also lend themselves to separate publication, represented by this series of Guidebooks.

- These Guidebooks share a common format. Each Guidebook begins with a brief rationale for the relevance of the subject area and how it fits as a vital part of the work of a community collaboration seeking comprehensive reform. Next is a discussion of the key ideas embodied in the subject, followed by a discussion of the steps involved in putting the ideas into practice. Finally, the appendices contain additional related materials for further discussion of the subject.

These subject areas, of course, are not discrete. They overlap and interconnect. The back cover of this Guidebook provides a brief description of all the proposed chapters for the comprehensive guide and identifies which ones currently are available in Guidebook form.

The National Center for Service Integration Clearinghouse is responsible for editing and publishing these Guidebooks. The preparation of the Guidebooks has been supported by the Annie E. Casey Foundation.

The three sponsoring organizations are excited about the work of community collaborations across the country. We believe that this work holds the best promise for truly addressing the needs of our children, youth, and families. As the adjoining page suggests, we believe it is a matter of commitment and now is the time for action.

Center for the Study of Social Policy
Child and Family Policy Center
Family Resource Coalition of America

A Matter of Commitment: Making the Case for Reform

1. **Things are getting serious.** Current systems fail too many children, youth, and families, and trends in child well-being are deteriorating. This places increasing numbers of children, youth, and families at risk and weakens society as a whole.

2. **We know what works (but we are doing it only at the margins).** The country abounds with promising programs, services, and strategies that are helping children, youth, and families succeed. They embrace new principles of effective practice and emphasize neighborhood-based approaches that build local systems of support, but have had little effect on a community level. In part, this is because these efforts are being implemented only on a small scale and at the margin, without transforming larger public system responses.

3. **Implementing what works at the community level requires changes in all systems.** Isolated programs, services, and supports fight against the odds to help children, youth, and families. All systems must change and respond according to new principles of effective practice, including such mainstream systems as education, health services, and the array of human services and incorporating housing, job training, and economic development activities.

4. **Everyone has a stake and a responsibility.** Achieving success at a community level requires new partnerships and collaborations -- within and across public systems, at all levels of government, in publicly-financed services and in voluntary community organizations. Most importantly, it requires involvement of the youth and families whose futures are most at stake. The diversity of perspectives within the community need to be represented in the decision-making process. The business community and the faith community, as well as many other interests, need to support and help guide the work. Every part of the community has a stake and a role to play.

5. **We can succeed; it's a matter of commitment.** Although the path to success is still being cleared and constructed, the journey is not hopeless. It is simply a matter of sustained commitment to achieve that success. Moreover, there is no other way to get to where we need to go. A small but representative group of truly committed people can build the commitment needed among others for the journey. The time to start is now.

About the Author

Charles Bruner is Executive Director of the Child and Family Policy Center in Des Moines, Iowa, a non-profit organization that seeks to better link research and policy on issues vital to children and families. Between 1978 and 1990, Bruner served in the Iowa General Assembly, first as a state representative and then as a state senator. He holds a Ph.D. in political science from Stanford University.

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How this Guidebook Fits with the Vision

The vision for comprehensive community reform starts with the goal of improving the well-being of children and youth, their families, and their neighborhoods and communities. All aspects of this reform process lead back to the goal of improving outcomes.

The establishment of community outcomes can serve as a driving force for reform by making the community aware of the need for change. This, however, is only one of three reasons for establishing community outcomes. Used well, community outcomes also can help guide the development of effective strategies for achieving them, many of which will cut across traditional professional service domains. Finally, community outcomes can form the basis for establishing new systems of accountability and assuring that community outcomes are achieved.

This *Guidebook* discusses the importance of building consensus in establishing outcomes to use as a driving force for reform. Community collaboratives have the capacity to develop a set of measurable outcome indicators and performance measures that can be use to inform and guide reform efforts and hold themselves accountable to achieving improved outcomes.

Key Ideas

The Case for Using Outcomes to Guide Reforms

There is growing recognition that children and youth, and therefore society, are at increasing risk. The well-being of many of America's children and youth is worsening. Whether implicitly or explicitly, most community collaboratives form because the current way systems operate is failing to achieve desired goals for children, for their families, or for the neighborhoods and communities in which they reside.

Simply identifying and publicizing the current status of children, youth, and families can serve as an impetus for reform. It can help produce the needed sense of urgency to take action. Table 2-1 provides select data showing that, even during the relative prosperity and strong business optimism of the last decade, the well-being of children and families has declined on many important indicators.

Many reports and statistical summaries have shown that children, youth, and families are facing more difficulties in the areas of physical health, school success, and safety in the home and in the community. The rates of adolescent parenting and juvenile delinquency have skyrocketed, although these rates have experienced small declines in the last couple of years. Family economic and social stability is also threatened. When particular groups or geographic populations are examined, there also is evidence of wide disparity in well-being along these dimensions. A number of national reports (several of which are referenced in Appendix 2-1) provide detailed information about these trends.

Table 2-1
A Tale of Two Trends

Since December 31, 1987

- The Gross Domestic Product (GDP) has risen 54.6% ($4,692 billion in 1987 to $7,254 billion in 1995), 17.1% when adjusted for inflation
- The Dow Jones Industrial Average has more than tripled from 1950.10 at the end of 1987 to 6448.27 at the end of 1996)
- The mean real (inflation adjusted) income of the highest 20% of American households has increased by 7.9% (from $101,448 in 1988 to $109,424 in 1995, measured in 1995 dollars

Between 1987 and 1994-5

- Low birthweight has increased 5.8% (6.9% in 1987 to 7.3% in 1994)
- Teen birth rate has increased 18.8% (3.2% of 15-17 year-old females in 1987 to 3.8% in 1994)
- Juvenile violent crime arrest rate has increased 58.6% (319 arrests per 100,000 10-17 year-olds in 1987 to 506 in 1993)
- Children in poverty rate has increased 4.0% (20% in 1987 to 20.8% in 1995)
- Young children (0-6) in extreme poverty rate has increased 11.9% (10.0% in 1987 to 11.9% in 1994)
- Families headed by single parent rate has increased 16.1% (22.3% in 1987 to 25.9% in 1995)
- The mean real income of the lowest 80% of American households has declined 2.0% (from $29,416 in 1988 to $28,816 in 1995 dollars)

Appendix 2-1: Annotated bibliography of key national resources tracking trends in child and family well-being

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The emphasis upon outcomes presented in this guidebook goes much deeper than simply providing a rationale for reform, however. Outcomes also can be used in a fundamental way to guide reform efforts and to hold individuals, organizations, and strategies accountable for their role in achieving results.

In an article in the NCSI Resource Brief *Making a Difference*, Lisbeth Schorr offered a number of reasons for moving toward "results-based" accountability in order to guide reform activities:

1. Results-based accountability can replace, or substantially diminish the need for, centralized bureaucratic micro-management and rigid rules.

2. Outcome information can assure funders and the public that investments are producing results.

3. Agreement on desired results can facilitate cross-systems collaboration on behalf of children.

4. Agreement on desired results helps to minimize investment in activities that do not contribute to improved results.

5. Information about results enhances community and agency capacity to judge the effectiveness of their efforts.

6. A focus on results clarifies whether allocated resources are adequate to achieve the outcomes expected by funders.

Two of these points are worth additional discussion. The first point recognizes that

current accountability systems largely are process-based, based on adherence to rules and regulations or the provision of specific units of services. There is increasing recognition, however, that a "one size fits all" approach fails to effectively serve many families. As reforms stress more discretion and individual contouring of services and supports, the existing accountability system based upon adherence to rules is no longer possible. A more results-based accountability system is needed to ensure wise use of funds and resources.

The third point emphasizes that some outcomes being sought require actions that extend beyond a single program, strategy, or professional domain. To ensure that these outcomes are achieved requires joint activity.

In short, outcomes can be used in three ways in community reform efforts:

- Creating a Commitment to Reform
- Developing Strategies
- Developing Accountability Systems to Produce Desired Results

Defining Outcomes, Indicators, and Performance Measures

If outcomes are to be used to guide reform there must be clarity in what is meant by "outcomes" and how "outcomes" are distinguished from other measures. Different people have used different terms — "goals," "outcomes," "impacts," "results," "indicators," "benchmarks," "interim outcomes," "process measures," "performance

measures," "impact measures," and "implementation measures" — to make these distinctions. In this guidebook, the terms "outcome," "indicator," and "performance measure" will be used. "Performance measure" further will be broken into "impact measure" and "implementation measure." They have the following definitions:

Outcome. A condition of well-being for a child, family, or community that has broad, common understanding.

e.g. healthy births; stable families; safe neighborhoods

Indicator. A measure which helps quantify the achievement of the outcome.

e.g. rate of low birthweight babies; child abuse and neglect rates; juvenile crime rates

Performance Measure. A measure of the intended effects of a program or strategy.

Impact measure. A measure of the impact upon the child, family, or neighborhood served.

e.g. percent of pregnant teens served who stop smoking and practice good nutrition; changes in parental discipline practices at home; rates of recidivism of juveniles assigned to intensive supervision program

Implementation measure. A measure of the degree of implementation of a program or strategy.

e.g. percent of teen parents who keep clinic appointments; percentage of parents who complete parent

education curriculum; percent of juveniles who are involved in intensive supervision program activities.

The ***outcomes*** that communities select to address — healthy births, healthy children and adults, children ready for school, children succeeding in school, young people avoiding trouble, stable families, self-sufficient households, safe neighborhoods, communities with diverse and rich activities and social connectedness — should have a common understanding. While a community may initially establish as a vision or goal that "all children succeed to their full potential" or that "families flourish in an environment that supports their aspirations," such a vision or goal statement is subject to broad individual interpretation. It requires more specificity to guide reform. Outcomes offer this level of specificity, within a common language that all can understand. At the same time, these outcomes are not directly measurable by a single piece of data.

Indicators are needed as quantifiable measures of the extent to which the outcomes are being achieved. Several different indicators are likely to be needed as measures of each outcome. These indicators should be capable of ongoing measurement and tracking over time. They measure some actual condition of well-being in children, families, or communities. They are not a measure of program, system, or strategy effort to affect that well-being.

Performance measures are needed to assess the implementation and impact of specific programs or strategies. They directly measure the specific goals set out for each program or strategy. They may be quite different for different types of strategies, even when those strategies have the same desired outcomes in mind. Importantly, however, if the strategies are consistent with the community's effort to improve

outcomes, the strategies and their performance measures should be seen as helping to achieve the desired outcomes. Some performance measures for programs are *impact measures*, while others are *implementation measures*. A tutoring program for children may set as one impact measure "improved student reading scores." Since its strategy is to work with parents so they help their children with reading at home, it may set as an implementation measure "parent participation in tutoring sessions" and "reported parent involvement in home reading activities." Both are valuable to collaborative reform efforts. While the impact measure may be the ultimate program goal, it cannot be achieved without accomplishing the implementation measure.

Appendix A2 — Methods for describing different hierarchies used to define outcomes, indicators, and performance measures

Using these outcomes, indicators, and performance measures effectively to inform and guide reform efforts requires that community collaboratives have a good understanding of and common language for these different levels of measurement.

Establishing Outcomes

Both the choice of outcomes and indicators and the process by which they are selected are important to using outcomes to produce reform.

First, it is important for the community to identify outcomes across dimensions of physical, social, psychological, educational, and economic well-being. While many collaboratives begin with a specific outcome in mind — improving infant health, reducing adolescent parenting, curbing substance abuse, reducing school drop-out, or reducing juvenile crime — real gains on that particular outcome usually require joint actions across professional domains. It rarely is possible to produce a sustained change in one of these outcomes without also addressing and affecting others. Although funding

opportunities or media attention may focus initial attention on a particular outcome, it is important for community collaboratives to view that outcome as part of a larger set of outcomes the community seeks to achieve.

Ultimately, the goal should be to recognize that these outcomes must be addressed as an interrelated whole rather than as separate and distinct. One of the reasons for establishing outcomes is to focus community attention on what it wants to achieve, rather than on the current programs and services it is providing. This should broaden thinking to identify and change the underlying conditions that are responsible for producing the outcomes. For instance, adolescent parenting is not simply an issue of adolescent sexual behavior. It relates to school performance and youths' sense of their future opportunities. Therefore, an effective strategy to reduce adolescent parenting likely involves educational and social as well as health activities. If successful, it contributes to improving school completion and to reducing juvenile crime as well as to reducing adolescent births.

A number of communities have gone through the process of defining a constellation of outcomes and their indicators, as have such states as Oregon, Minnesota, Georgia, Iowa, and Washington. While these processes have produced some variations, there also is much similarity and common ground. Lisbeth Schorr has recommended "A Minimalist List" of outcomes for children and youth, shown in Table 2-2, that generally can be used as a starting point. Measures of all of these should be available on a community, and often on a subcommunity, basis. Appendix 2-3 provides several illustrations of outcomes that different communities and states have selected.

Appendix 2-C: Illustrative lists of community and state outcomes and indicators

Table 2-2
CHILD AND YOUTH OUTCOMES
A Core List to Serve as a Starting Point

Healthy Births

- Lower rates of low birthweight births
- Higher rates of early prenatal care
- Lower rates of births to single mothers under 18

Two-Year-Olds Immunized

Children Ready for School

- Immunizations complete
- No undetected visions or hearing problems
- School-readiness traits as identified on sample bases

Children Succeeding in Elementary, Middle, and High School

- As indicated by lower rates of school dropout, and by
- Academic achievement measures demonstrating competency over challenging subject matter in grades 4, 8, and 12

Children and Youth Health, Safe, Prepared for Productive Adulthood

- Children not abused or neglected
- Children living in own family
- Children living in families with incomes over the poverty line
- Youth avoiding
  - Early unmarried childbearing
  - Substance abuse
  - Arrests for violent crime
  - Suicide
  - Homicide
  - Accidental death
  - Sexually transmitted diseases and HIV/AIDS
- Young adults in school or employed

Source: Schorr, Lisbeth, "The Case for Shifting to Results-Based Accountability," in *Making a Difference: Moving to Outcome-Based Accountability for Comprehensive Service Reforms*. Des Moines, IA: NCSI Resource Brief 7, 1995.

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The first issue discussed in establishing outcomes relates to *substance*: what outcomes and indicators should be included and how they should be viewed. It is equally important, however, that the *process* by which outcomes are identified and established is an inclusive one. The more that the process involves diverse constituencies that represent the community as a whole, the more it will produce the needed commitment to take action.

While different constituencies are likely to have different perceptions of the causes of poor outcomes and the strategies needed to address them, they are likely to have more agreement over what they would like their children to achieve. It is for this reason that outcomes for children can frequently serve as a mobilization base within communities. Designing a process for effective participation by all groups in the community in establishing outcomes can help build community consensus and commitment. This process can and should involve surveys, focus groups, and other outreach efforts within traditionally under-represented groups in community decision-making. Some of these techniques are discussed in later *Guidebooks* on neighborhood organizing, public engagement, and parental involvement.

One novel approach was taken in Hawaii, where leaders asked youth what they wanted Hawaii to look like in the future. The outcomes set out by Hawaii youth both helped involve youth and demonstrated that there is a vision, widely shared, among all residents of the state.

Appendix 2-A: Hawaii Youth Vision

Once outcomes are established, it is critical to develop indicators that can be used to chart community progress in achieving them over time. While the entire community should be represented in establishing outcomes, the development of indicators will

Appendix 2-B: Annotation of reference works on selecting specific outcomes and indicators

require more detailed and technical work. It is important to select or develop indicators that can be tracked over time. It is important they capture the meaning of the outcomes that have been established. There usually is value in selecting several indicators for each outcome. As much as possible, it is important to select indicators that can be examined on a neighborhood level and by important population subgroups. There are several useful reference works describing how to select outcomes and indicators, based on the strengths and limitations of different specific measures (see Appendix 2-5).

Using Outcomes to Develop Strategies

Once outcomes and indicators have been established, the next step is to develop strategies that can be used to improve them. This requires that the community collaborative understand what underlying conditions are contributing to the current outcomes and how those need to change to produce better ones.

There has been substantial work, particularly in the prevention field, in describing those factors that place children at risk of experiencing such "rotten outcomes" as school failure, adolescent parenting, juvenile crime and delinquency, abuse and neglect, and substance use and abuse. Those factors that protect children and youth against experiencing "rotten outcomes" have sometimes been referred to as "resiliency factors" and sometimes as "protective factors." Research has shown that this list of factors is quite similar, whether examining the factors that "protect" against substance use and abuse, against adolescent parenting, against school drop-out, against juvenile delinquency, or against other "rotten outcomes."

This does not mean that some children, despite the presence of all these factors, do not fall victim to "rotten outcomes" or that some children, despite the absence of many of these factors, do not excel. What it does mean is that these factors contribute heavily to the differences in outcomes experienced by children, and across subgroups and neighborhoods.

One formulation of the factors that contribute to high rates of success for children, across all dimensions of well-being, is shown in Table 2-3 below.

Table 2-3
Conditions Needed for Children to Succeed at High Levels

- Economic and physical security, within the home and neighborhood
- Environmental and public safety

- A nurturing, stable family environment
- Adult mentors and role models in the community
- Positive peer activities
- Opportunities to exert effort and achieve success

- Health care for medical needs
- Decent schools and schooling
- Access to professional services to treat any conditions or needs that may arise and that require professional care

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Source: Bruner, Charles. *Working: A Vision for Children, Families, and Neighborhoods*. Des Moines, IA: NCSI Working Paper, 1995.

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In addition to a substantial base of evidence, the list in Table 2-3 makes common sense. For children and in neighborhoods where these factors are present, the rates of achievement of positive outcomes are great. For children and in neighborhoods where many protective factors are absent, children are at much higher risk of experiencing "rotten outcomes." Some children may become passive and drop out, others may react against and strike out; and others may give up and tune out. Some may do all these and more. This speaks to the interconnectedness of the constellation of outcomes that a community develops.

Seeking to define the underlying conditions or factors leading to undesirable outcomes (or the protective factors producing desirable ones) helps to move beyond linear approaches and beyond looking at categorical and professional service systems as the source for solutions. The current service systems largely have been constructed based upon such a linear approach. Educational needs are the responsibility of the classroom; health needs are the responsibility of the medical office; employment needs are the responsibility of the welfare office.

Appendix 2-C: Annotated bibliography on conditions that lead to adolescent success, including Benard's synthesis of the resiliency literature and Table adapted from Catalano and Hawkins

Appendix 2-D: Excerpt from Hawkins, Beyond Criminal Models of Reform

An analysis by a community collaborative of the factors needed to produce high rates of success on its outcomes helps look beyond the current categorical approach and take a more comprehensive view. This also represents an important step in moving beyond a "service" approach to a broader "community" approach. An important synthesis of the research literature on resiliency by Bonnie Benard stresses looking not just for risk factors but also for the resiliency factors that encourage children to make positive choices. The work of Catalano and Hawkins similarly shows the importance of a common set of protective factors to avoiding adolescent parenting, youth drug involvement, school failure, and juvenile delinquency. The conceptual shift

from a categorical and linear approach toward a holistic and comprehensive approach represents a major change in thinking for many community collaboratives.

The description of these factors and conditions can help identify the changes needed to improve outcomes. Communities can use this to conduct assessments or environmental scans, both on a community-wide basis and by subgroups and neighborhoods. In fact, in some parts of the community these conditions or factors may largely be in place for most children and families (and it is here one would expect to find achievement of outcomes at high rates). Still, there may be an identifiable group of children and families not well-connected to these conditions. Alternatively, one or more factors may be missing or in short supply. The assessment or environmental scan can help identify areas for action and change.

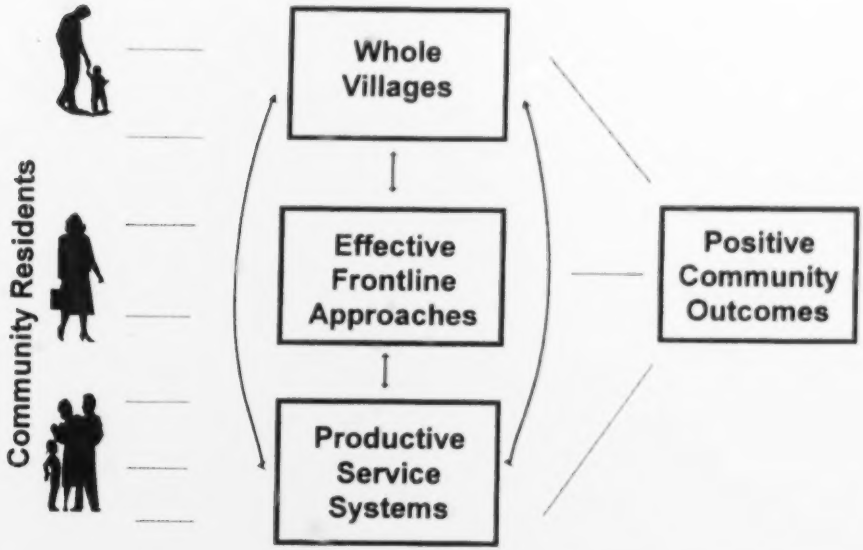
Such an assessment or environmental scan requires a much broader focus than the traditional inventorying of public service systems. The work of John McKnight and John Kretzmann, which emphasizes an asset-based approach to community assessment, needs to be incorporated to help balance what is often an emphasis upon community deficits and problems with an emphasis upon community assets that can help to produce needed change.

Appendix 2-B: Annotated references to asset mapping and community assessment guides.

Such a community assessment or environmental scan, whether done explicitly or implicitly, should identify areas where resiliency factors and support systems need to be bolstered. It should help establish a set of strategies that, taken together, can produce the needed set of factors or conditions. In some instances, particularly for families and in neighborhoods where several factors are missing, multiple strategies will be needed to impact indicators and outcomes.

One simple diagram of the types of strategies that may be needed to produce the factors and conditions that will produce high rates of success is shown in Table 2-4, below.

TABLE 2-4



In this diagram, *whole villages* refer to the strategies to create, at the neighborhood level, the economic and social conditions described in the list of factors. The African proverb states, "It takes a whole village to raise a child." This proverb suggests the need, particularly within disinvested neighborhoods, for approaches that help create "whole villages" or make "villages whole." This includes insuring economic stability and opportunity. It also includes insuring that community networks of support —

including mentoring, sharing, and recognition — exist to meet the interests and abilities of village residents.

Effective frontline approaches refer to strategies that assure that families who are socially isolated become connected to the community or village so they can provide the needed family support to nurture their children. In essence, collaboratives which seek to establish "family resource centers," "home visiting services," and other preventive services often are doing so based upon a belief (explicit or implicit), that there is a gap for many families in this area.

Productive service systems refer to an array of public supports, including schools and professional services, designed to meet educational and other specialized needs of children and families. To be productive, these systems must be timely in response, sufficient to meet their specific objectives, efficient, coordinated with other systems, integrated into community life, and adaptive and learning.

One emphasis in the diagram in Figure 2-4 is on the linkages across the strategies. In particular, service systems must be responsive to effective frontline approaches and whole villages in order to be effective. They must contribute to and support the development of whole villages and not seek to substitute for them.

By beginning with outcomes and tracing back to the conditions or factors needed to achieve them at high levels, community collaboratives can begin to establish new and effective strategies.

Developing an Accountability System to Produce Desired Results

A third use of outcomes is in restructuring the manner in which programs, strategies, and systems are held accountable. This will require new systems of accountability both for any new strategies that are developed *and* for existing systems of services and supports.

Individual strategies may be developed that are designed to produce particular factors or conditions that are needed to produce outcomes but that are not designed to produce all of them. These strategies should be held responsible for producing those factors or conditions. This involves developing performance measures, both implementation and impact, that relate to those factors. This may be particularly true for those strategies that are designed to strengthen community conditions or to engage individuals who have been socially isolated from sources of support.

These performance measures for individual strategies need to be a part of ongoing assessment efforts in order to determine if individual strategies are being implemented and producing intended impacts. In some instances, the strategies themselves need to be developed, and feedback on how well they are doing in reaching their goals can contribute to important strategy refinements and enhancements. In other instances, this assessment can be used to determine whether they actually have contributed to producing the factors they were designed to produce and whether they deserve to be continued, expanded, or abandoned.

Any strategy that is developed should be viewed as an integral part of an overall set of

strategies for achieving desired outcomes, with clear understanding of its particular role and responsibility. As an illustration of this approach to accountability, a six-level model has been proposed for use with comprehensive frontline family practice reforms. Similar approaches should be developed for each element of a reform strategy.

Appendix 2-9: Charts used from Harvard, A Framework for Measuring the Potential of Comprehensive Frontline Service Strategies.

Individual strategies should be held accountable to performance measures, but these do not always mirror the indicators selected to measure community outcomes. The overall combination of strategies developed or envisioned by the community collaborative, however, should seek to produce a change in those outcome indicators. The collaborative should seek to ensure that its members are collectively accountable for achieving gains on the overall set of outcomes and indicators.

Three points in developing accountability systems for comprehensive reform efforts are worth discussion. Again, Lisbeth Schorr has pointed to a number of potential risks in moving to results-based accountability:

> *Funders, the public, and even program people, may underestimate how long it takes to achieve significant improvement in outcomes.*
>
> *Demands for documented results could drive programs away from achieving their mission of improving a broad range of results [and towards short-term gains on easier issues].*
>
> *Funders could be led to confine their support to interventions whose effects are readily and quickly quantifiable.*
>
> *Some forms of outcome measurement could lead to labeling and stigmatizing children or families.*

Agency accountability could be weakened as attention shifts to community-wide accountability efforts.

The shift to results-based accountability could be seen as the solution itself, rather than a means for making changes that can produce a solution.

The shift to results-based accountability cannot be allowed to substitute for safeguards against fraud, abuse, poor services, inequities or discrimination.

The first point about time deserves additional discussion. It is unrealistic to expect issues and problems stemming from generational causes to be addressed quickly, in election-year time spans. The desire for "quick results" can deflect attention away from tackling long-standing and serious conditions. Policy-makers understand that these issues are complex, but they also want accountability. Simple solutions may not solve complex problems, but policy-makers need to know that progress is being made.

This will require a process of educating both policy-makers and the public. The more that the goals of individual strategies are made clear, they are connected to an overall strategy or theory of improving outcomes in the long-term that makes sense, and they are tracked and held accountable for accomplishing their specific goals, the more likely that the needed long-term commitment from policy-makers and the public can be secured.

Second, it is important to stress that some strategies will be charting new territory in trying to create results that have proved elusive to existing programs and services. These innovative efforts should be evaluated and held accountable, but their value will

be in the lessons they learn as much as the successes they achieve. An accountability system must be established that rewards risk-taking and encourages modifications and refinements of strategies as risk-takers learn from experience. It is easy to fall into a trap of assuming that the solutions are already known, and it is merely a failure to implement effectively to produce results. In fact, succeeding is likely to require major innovations both in developing new services and strategies and in restructuring existing ones. Harold Williams has described the different approaches funders need to take when investing in innovation and assessing its impact (see Appendix 2-10).

Appendix 2-10: Excerpt from Harold Williams, Chronicle Graphics

Third and finally, it is important to distinguish between demonstration efforts and comprehensive reforms. Demonstration efforts are not going to produce major changes in outcomes on a community-wide level, no matter how successful they are.

This does not mean that demonstration efforts should not be employed. In many cases, the logical first step is to try a strategy on a demonstration basis. It is important to do so in a way that can inform larger efforts. This may involve careful targeting so the impacts can be examined on a neighborhood or subgroup level.

Often, such reform efforts are not defined as focused demonstrations, but are over-sold as solutions. Unfortunately, even if such strategies are very successful with the families they serve, they usually are too small to produce a noticeable impact on indicators and outcomes on a community-wide basis. This also can lead to disillusionment among policy-makers and the larger public.

It is critical to be up-front regarding the extent of the impact that implemented reforms can be expected to produce. Multi-million dollar "rotten outcomes" are unlikely to be

reversed by hundred thousand dollar reforms. No matter how successful an adolescent pregnancy and parenting program is in working with the fifty teens it serves, it will not produce a discernible community-wide impact on adolescent parenting in a community with two thousand births to adolescents a year.

Putting Ideas Into Practice

In making use of outcomes to establish and guide reform efforts and to establish accountability for achieving results, community collaboratives should take the following steps:

Step 1: Establish an inclusive process to define community outcomes

1.1 Involve key stakeholders to gain diverse perspectives and buy-in.

Different parts of the community will have different perspectives on many issues confronting the community and its children, families, and neighborhoods. At the same time, there may be substantial common ground around underlying goals and outcomes that the community should commit to achieve. While the resulting outcomes may be very much the same, an inclusive process for establishing outcomes helps to build bridges across constituencies in the community and raise overall community commitment. A narrower process, where a few people set the outcomes, can build distrust and does not create the broad ownership needed to take concerted and prolonged action.

In establishing outcomes, it is important to reach out for perspectives from those who may not otherwise feel invested in the effort. It is particularly important to gain the voices of those most likely to be distrustful of the value of this work.

Involving a diverse constituency in identifying and setting outcomes is the start of a trust-building process. Disinvested groups can give needed perspectives and help identify common ground. Nontraditional but important constituencies such as business leaders can be engaged and, through the process, more deeply appreciate the importance of addressing child and family issues.

1.2 Define outcomes in terms of improvements in child (and family and community) well-being.

There is a tendency for groups to seek consensus upon a variety of issues all at once, and, as a result, to confuse outcomes and strategies. For instance, a consensus-building process might identify the following as community issues: to reduce adolescent parenting and youth violence (outcomes), and to increase parental involvement in schools and increase the supply of child care (strategies). Increasing parental involvement in schools and the supply of child care may, in fact, contribute to achieving the outcomes the community desires. Making decisions about strategies, however, should be made after outcomes have been established.

Generally, communities can reach consensus over the outcomes they desire for children. These should form the core of the constellation of outcomes a collaborative develops. It is a basic societal necessity to ensure that children grow into adults capable of sustaining that society. A comprehensive set of measures for child well-being also will require producing family and community well-being, although many collaboratives include family- and community-oriented outcomes on their lists, as well.

1.3 Identify multiple outcomes of well-being and view them as interconnected.

Some collaborative efforts start with care outcomes in mind — reducing adolescent parenting, improving school completion, assuring children start school ready to learn. To achieve any of these outcomes, however, requires that children are safe and secure across other dimensions of well-being. A broad set of outcomes (across social, psychological, physical, economic, and educational dimensions) helps assure that communities identify and involve all relevant stakeholders and resources in developing effective strategies.

Step 2: Develop measurable indicators for the selected outcomes

2.1 Ensure that indicators have credibility and can be tracked over time.

It is important that measurable indicators be established for each of the selected outcomes. These indicators should be tracked over time and have credibility as accurately reflecting the outcome. The list of criteria for selecting outcomes and indicators developed by Kris Moore is shown in Table 2-5.

2.2 Establish a system for regularly tracking and reporting on them.

In addition to selecting indicators, community collaboratives should establish a system for regularly tracking and reporting on them, at least on an annual basis for most indicators. Even though it may take substantial time for strategies to produce impacts on these indicators, it is important that a system of reporting be maintained, to keep attention focused on community goals.

Table 2-5
Criteria for Indicators of Child Well-Being

1. **Comprehensive Coverage** Indicators should assess well-being across a broad array of outcomes, behaviors, and processes.
2. **Children of all ages** Age-appropriate indicators are needed at every age from birth through adolescence and covering the transition into adulthood.
3. **Clear and comprehensible** Indicators should be easily and readily understood by the public.
4. **Positive outcomes** Indicators should assess positive as well as negative aspects of well-being.
5. **Depth, Breadth and Duration** Indicators are needed that assess dispersion across given measures of well-being, children's duration in a status, and cumulative risk factors experienced by children.
6. **Common interpretation** Indicators should have the same meaning in varied population sub-groups.
7. **Consistency over time** Indicators should have the same meaning across time.
8. **Forward-looking** Indicators should be collected now that anticipate the future and provide baseline data for subsequent trends.
9. **Rigorous methods** Coverage of the population of being monitored should be complete or very high, and data collection procedures should be rigorous and consistent over time.
10. **Geographically detailed** Indicators should be developed not only at the national level, but also at the state and local level.
11. **Cost efficient** Although investments in data about U.S. children have been insufficient, strategies to expand and improve the data system need to be thoughtful, well-planned, and economically efficient.
12. **Reflective of social goals** Some indicators should allow us to track progress in meeting national, state and local goals for child well-being.
13. **Adjusted for demographic trends** Indicators, or a sub-set of indicators, should be developed that control or adjust for changes in the composition of the population over time which confound our ability to track well-being. Alternatively, indicators should be available for population sub-groups that are sufficiently narrow to permit conclusions within that sub-group.

Source: Moore, Kristin. *Criteria for Indicators of Child Well-Being*. Washington, DC: Child Trends, 1994.

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Step 3: *Construct a "theory" of what it takes to achieve community outcomes*

3.1 Work outside the boundaries of public service system programs and responses.

One of the values of starting the discussion from the perspective of outcomes is that it is not bounded by existing services or professional responses. In fact, one exercise community collaboratives can undertake is to imagine two neighborhoods (and the families in them) — one where outcomes are achieved at high levels and one where they are not. Collaboratives can then describe how the two neighborhoods differ -- — what exists in the neighborhood with high levels of success that is not present in the other neighborhood. It is likely that the differences are much greater than the presence or absence of a parent education program, a youth violence prevention effort, or school-linked services. The important point is to move beyond professional services as the solution to improving outcomes and to look comprehensively, including building upon informal or natural family and community support networks. This should lead to a list of factors or conditions similar to those shown previously in Table 2-3.

3.2 Include relevant economic, social, educational, psychological, and community conditions.

The examination of the factors or conditions should extend beyond the social, psychological, and educational dimensions with which community collaborations concerned with children and families may be most familiar. It should also include

economic, housing, environmental, and public safety concerns. All these play roles in contributing to the well-being of children and families.

Step 4: Design a set of strategies believed to be sufficient to produce these factors or conditions

4.1 Examine the needs of families who are socially isolated and vulnerable.

Improving a constellation of outcomes on a community-wide basis is likely to require a number of different strategies. Some of these strategies will need to focus on specific children and families; others will require a focus on neighborhoods.

As Table 2-4 suggests, one area of focus should be on those families with children who are socially isolated and vulnerable and not connected to community supports. These families may need support in setting goals, connecting with needed supports, and seeing their own opportunities and possibilities. This is an area where family support, care coordination, home visiting, or case management may be needed. Such frontline practices can help children, youth, and families connect with supportive villages. Strategies in working with these families should be developed to help these families build, for themselves and their children, some of the factors that are needed to achieve high levels of success.

4.2 Examine how needs may differ to reflect different neighborhood conditions or other subpopulation differences.

As Table 2-4 also suggests, some of the factors leading to high levels of success

involve neighborhood conditions such as economic stability and job opportunities, safe streets, the presence of adult mentors, a diversity of participatory activities for children and youth, and a high level of "social capital" or community activities that enforce norms of civic behavior. These may be present in many neighborhoods in a community, but they may require bolstering in others. In distressed and disinvested neighborhoods, addressing economic opportunity may be critical to achieving success with children and families. Some subgroups in the population — such as persons with disabilities, families with limited English-speaking proficiency, or ethnic groups — face additional barriers that must be faced by community collaboratives.

Appendix 2-11: Excerpt from Brauer, Where's the Beef? An Annotated Bibliography on Return-on-Investment Approaches

Most of these factors or conditions cannot be created on a case-by-case basis with individual families or children. These protective or resiliency factors must be present within the community to a sufficient degree that children and families can become involved in ways that suit their individual needs. They cannot be ordered as discrete services. Since they are elements critical to success, however, communities must work to develop strategies that can produce them where they are in short supply. The implications for investments are large, but the benefits are correspondingly great. As Appendix 2-11 suggests, return-on-investment modeling can help identify both the need for such investments and their potential long-term benefits.

4.3 Examine how professional services and supports need to change.

Frontline practices reaching out to socially isolated and vulnerable families and neighborhood-based strategies involved in "village building" generally represent new services and strategies. They address gaps not filled by current systems of public services and supports.

In addition to these strategies, community collaboratives need to examine how existing, publicly-financed services need to change. In particular, these publicly-financed services must be connected with and complement other reforms in the community. Reaching out to socially isolated families and children is only half of the equation; schools and human service agencies must welcome those families and children and validate their efforts to grow and develop.

These services must become connected with community-building efforts. The term "seamless system" is overused, but it means more than effective hand-offs and referrals between professional agencies. It means a continuity in the way families and children are treated — with respect and as partners in the development process. It means being part of a seamless and consistent system of supports and expectations, from the perspective of children and families.

Appendix 2-12: Excerpt from Harbert, A Framework for Developing and Holding Comprehensive Systems Reform Efforts Accountable for Improving Child Outcomes

In developing strategies, community collaboratives should look at existing services and see how they need to change to fit into the overall vision of a community where children succeed at high levels. As Appendix 2-12 illustrates, collaboratives then can develop ways to measure the contributions each system is designed to make.

Step 5: Create accountability systems for individual strategies and for overall approach

5.1 Distinguish between internal and external uses of outcomes, indicators, and performance measures.

As people often do not mean the same thing when they talk about outcomes, indicators,

and performance measures, they also mean different things when they use the term accountability. This is particularly true when people discuss outcome accountability. A useful distinction can be drawn between collecting and using indicators and performance measures internally (for evaluation and assessment to improve practice) and externally (to insure accountability through providing rewards or sanctions). Table 2-6 shows this distinction:

Table 2-6
Distinctions in the Use of Information

Accountability (external use of outcomes)

- Rewards and sanctions
- Performance contracting
- Results-based management

Evaluation and Assessment (internal use of outcomes)

- Participatory/interactive evaluation
- Empowerment evaluation
- Self-assessment
- Continuous quality improvement

It is important for community collaboratives to use information in both ways. The internal use of information is essential to learning from the experience of putting new strategies into place. People implementing such strategies should not feel that such information will be used against them.

At the same time, it is important that people, programs, and strategies be held accountable for what they have agreed to do. This external accountability does not always need to

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be tied to outcomes and their indicators, but it must be tied to some performance measures.

Often, policy-makers and the public feel there is no real accountability (outcome or process) for public systems. Community collaboratives need to be clear on the external accountability measures they will use. They need to specify the attendant rewards, sanctions, and corrective action and adjustment measures that achieving or failing to achieve those measures will produce.

5.2 *Use performance measures related to implementation for accountability over implementation.*

In the reform process, community collaboratives will need a new system for holding individuals and strategies accountable. This should be based upon the achievement of results (outcome-accountability) rather than the rote following of procedures (process-accountability). This does not mean, however, that every strategy should be judged on the basis of a specific long-term outcome indicator. There are several types of accountability that should be made a part of the overall reform effort.

In many cases, communities will be charting new territory. Communities will be trying to develop services, supports, and opportunities that can create the factors that are needed for achieving their outcomes. For these innovations and any changes in practice, individuals and organizations should be held accountable for actually implementing the new strategy or practice.

Before a new strategy can be evaluated for its impact, it must be implemented. This

"implementation accountability" essentially raises the questions, "Did you do what you said you were going to do?" and, if not, "Did you encounter unexpected obstacles that prevented you from doing it and therefore made modifications to your effort?" Just because one has named a new strategy does not mean it has been implemented, particularly when the goal is to dramatically change the manner in which families or neighborhoods are engaged and supported.

This is the first level of accountability that must be established. It requires a clear and concrete enumeration of the strategy itself and development of performance measures to determine whether it has been implemented as designed. Any rewards and sanctions applied to enforce accountability should be applied to individuals and organizations responsible for implementation.

5.3 Use performance measures related to impact for strategy development.

The second level of accountability is in assessing whether, once implemented, strategies produce their intended impacts. This requires that a specific set of impact measures be established for each strategy. These may include some indicators developed to measure outcomes, but they also may be measures of the factors or conditions the strategy is designed to create.

At this level of accountability, the strategy itself is under scrutiny. If it is successful in achieving its objectives, it should be retained and, where needed, expanded. Where it is unsuccessful, it should be modified or abandoned. This should lead to continuous improvement in strategy design and implementation.

5.4 Use outcome measures for overall collaborative strategy refinement

The third level of accountability is for the overall set of strategies and changes and whether, taken together, they are producing the desired outcomes. Ultimately, this is the responsibility of the community as a whole, with the collaborative becoming the locus of this responsibility.

The community collaborative can help build this sense of responsibility by regularly tracking and reporting on the outcomes and describing how the strategies are designed to impact them. This is a long-term process of *public education* that will be discussed at length in a later *Guidebook*.

In addition, the collaborative should assess whether its strategies are effective in producing the intended impacts and, taken together, sufficient to produce impacts upon the community outcomes. Attention to the changes in community outcomes can lead to refinements of the overall strategy, modifications to the "theory" behind the strategy, and expansion of specific elements to fill needed gaps.

Summary of Steps. Many of the steps presented here will be described in more depth in subsequent *Guidebooks*, particularly those related to reform strategies. Attention to outcomes should infuse the overall reform effort. This is *the* goal behind reforms. Table 2-7 summarizes the steps, and sub-steps, spelled out above. Table 2-8 provides a self-assessment checklist for community collaboratives in moving to results-based accountability.

Table 2-7
A Five-Step Approach to Results-Based Accountability

Step 1: Establish an inclusive process to define community outcomes

- 1.1 Involve key stakeholders to gain diverse perspectives and buy-in
- 1.2 Define outcomes in terms of improvements in child (and family and neighborhood) well-being
- 1.3 Identify multiple outcomes of well-being and view them as interconnected

Step 2: Develop measurable indicators for the selected outcomes

- 2.1 Ensure that measures have credibility and can be tracked over time
- 2.2 Establish a system for regularly tracking and reporting on them

Step 3: Construct a "theory" of what it takes to achieve community outcomes

- 3.1 Work outside the boundaries of public service system programs and responses
- 3.2 Include relevant economic, social, educational, psychological, and community conditions

Step 4: Design a set of strategies believed to be sufficient to produce these factors or conditions

- 4.1 Examine the needs of families who are socially isolated and vulnerable
- 4.2 Examine how needs may differ to reflect different neighborhood conditions or other subpopulation differences
- 4.3 Examine how professional services and supports need to change

Step 5: Create accountability systems for individual strategies and for overall approach

- 5.1 Distinguish between internal and external uses of outcomes, indicators, and performance measures
- 5.2 Use performance measures related to implementation for accountability over implementation
- 5.3 Use performance measures related to impact for strategy development
- 5.4 Use outcome measures for overall collaborative strategy refinement

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Table 2-8
Self-Assessment Checklist

Have you

- ☐ Created a process for establishing outcomes that reflects community goals and gains commitment from diverse constituencies?
- ☐ Recognized the difference between outcomes, indicators, and performance measures and constructed specific outcomes and indicators that are capable of being measured over time?
- ☐ Identified the factors and conditions that collaborative members believe must exist to achieve the constellation of outcomes defined as important?
- ☐ Identified the changes that are needed to create these factors or conditions within the community?
- ☐ Created and implemented strategies that, taken together, can produce those changes?
- ☐ Established a system for holding individual strategies accountable for achieving their part in creating those conditions?
- ☐ Established a system for examining the overall set of strategies for success in creating the conditions and producing the overall constellation of desired outcomes?

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Appendix 2-1
Reports on the Well-Being of Children and Youth

About this Appendix:

There are an increasing number of state and national reports that track the well-being of children and youth across a number of dimensions. Four national reports are described here; the first three also have state-level counterparts.

Annotated Bibliography:

Annie E. Casey Foundation. *Kids Count Data Book: State Profiles of Child Well-Being 1997*. Baltimore, MD: 1997.

Annually, the Annie E. Casey Foundation publishes a *Kids Count Data Book* that tracks a variety of indicators of child well-being over time, with state-by-state comparisons. Included as the ten KIDS COUNT state indicators in the 1997 volume were: percent low birth-weight babies; infant mortality rate; child death rate; rate of teen deaths by accident, homicide, and suicide; teen birth rate; juvenile violent crime arrest rate; percent of teens who are high school dropouts; percent of teens not attending school and not working; percent of children in poverty; and percent of families with children headed by a single parent. These indicators were selected because of their availability and comparability across states. The Foundation also funds projects in each of the fifty states to develop state-based data books, with state contacts noted in the back of the national book.

Public Health Service. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Washington, DC: Department of Health and Human Services, 1990.

This volume is the product of a national effort, involving 22 expert working groups and almost 300 national organizations, to develop health goals for the nation. It compiles a great deal of statistical information establishes a broad range of age-related objectives and recommendations covering health promotion, health protection, and preventive services. Many states have developed similar documents to establish their own health-related objectives.

National Education Goals Panel. *The National Education Goals Report: Building a Nation of Learners 1997*. Washington, DC: U.S. Government Printing Office, 1997.

This report provides both national and state data on twenty-six different indicators related to the eight educational goals: ready to learn; school completion; student achievement and citizenship; teacher education and professional development; mathematics and science; adult literacy and lifelong learning; safe, disciplined, and alcohol and drug-free schools; and parental participation. Published annually, the report provides both baseline data and update information and is also available on-line at http://www.negp.gov.

Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being* (U.S. Government Printing Office: 1997.

This report provides national trend data on a number of indicators of child and family well-being, including: population and family characteristics, economic security, health, behavior and social environment, and education. Under Executive Order, there is now a requirement to the Federal Interagency Forum to produce an annual report on the most important indicators of child well-being.

Appendix 2-2

Defining Terms

About this Appendix:

People often use different terms to describe the difference between outcomes, indicators, impacts, and process measures. The first overhead, adapted from one developed by the Center for the Study of Social Policy, shows some of the terminology that has been used. Community collaboratives should select and use terms consistently, so people understand the issues that are being addressed. The second overhead, developed by the Child and Family Policy Center, provides illustrations.

Source:

Center for the Study of Social Policy, Washington, DC, nd.

Choosing a Common Language
Discipline vs. The Tower of Babble

Column A	Column B	Column C
A condition of well-being for children, families, or communities	A measure for which data are available, which helps quantify the achievement of (Column A)	A measure of effectiveness of agency or program service delivery
Choose one: 1. Outcome 2. Result 3. Goal 4. Impact 5. Other	**Choose one:** 1. Indicator 2. Benchmark 3. Milestone 4. Other	**Choose one:** 1. Performance measure a. Implementation measure b. Impact measure 2. Program measure 3. Other

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Definition of Terms	
Outcome	A condition of well-being for a child, family, or community that has broad and common understanding • healthy births, stable families, safe neighborhoods
Indicator	A measure which helps quantify the achievement of the outcome • low birthweight rate, child abuse and neglect rate, juvenile crime rate
Impact Measure	A measure of the intended impact of a program or strategy upon the child/family/neighborhood served • Percent of pregnant teens served who stop smoking/practice good nutrition, changes in parental discipline practices at home, rates of recidivism of juveniles assigned to intensive supervision program
Implementation Measure	A measure of the degree of implementation of a program or strategy • Percent of teens who keep clinic appointments or participate in home visiting program, percent of parents who complete parent education curriculum, percent of juveniles who are involved in intensive supervision program activities

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Appendix 2-3

State and Community Examples of Outcomes and Indicators for Children and Families

About this Appendix:

A growing number of states and communities have gone through a process of defining outcomes and indicators. Some have focused exclusively upon child outcomes, others have included child and family outcomes and neighborhood outcomes, and some have focused upon a full range of outcomes. The following examples (from Rochester, NY; United Way of Central Iowa; Georgia; Missouri; and Oregon) are the results of inclusive, consensus-oriented planning processes. In each instance, the general outcome is first defined, followed by a list of indicators that measure that outcome.

Examples:

Rochester, New York CHANGE Process

Healthy Births

- Reduction in low birthweight babies
- Early and continuous prenatal care
- Fewer births to school-age females

Children Ready for School

- Completed immunizations
- No uncorrected vision or hearing defects
- No untreated health problems
- Observable school readiness traits

Children Succeeding in School

- Regular attendance
- Staying in school, fewer dropouts
- Fewer suspensions
- Academic achievement
- Graduation to employment/post-secondary education

Young People Avoiding Risk Behaviors

- School-age pregnancy
- Substance abuse
- Juvenile delinquency
- Arrests for juvenile crimes

Family Stability

- Safe and supportive living environment
- School stability
- Living in poverty
- Employment
- Reduced child abuse/neglect

United Way of Central Iowa
Community Conditions of Family and Child Well-Being

Healthy births evidenced by lower rates of:
- Low birthweight babies
- Late or no prenatal care
- Births to school-age females
- Newborns in intensive care
- Infant mortality

Positive, Safe & Caring Environment for Early Childhood evidenced by:
- Completed immunizations for age two
- No preventable or untreated health problems
- Living in own family or stable foster care
- Health insurance coverage
- Number of children enrolled in Head Start or pre-school, early care and education

Children Succeeding in School evidenced by:
- Academic achievement measures
- Attendance/lack of truancy
- No placement in special education
- No retention in grade
- No suspensions
- Not being a victim of sexual or child abuse

Positive Youth Development evidenced by avoiding:
- School age pregnancy
- Substance abuse
- Juvenile arrests
- Diagnosed cases of HIV/AIDS (0-19 years)
- Homicide (0-18 years)

Stable Families evidenced by:
- Percentage above poverty level
- Low mobility
- Decreased domestic violence
- Divorce rates
- Quality, affordable housing

Georgia's Benchmarks for Children and Families

Healthy Children
- Increase the percentage of babies born healthy (weighing 5.5 pounds or more, born to mothers who received prenatal care the first trimester, and born to mothers who did not smoke or drink alcohol during pregnancy)
- Increase the percentage of children appropriately immunized by the age of two
- Reduce the pregnancy rate among school-age girls
- Reduce the percentage of children who have untreated vision, hearing, or health problems at school entry
- Reduce the teenage homicide rate
- Increase the percentage of youths who do not use alcohol, tobacco, or illegal drugs

Children Ready for School
- Increase the percentage of low-income students in Head Start or prekindergarten programs
- Increase the percentage of kindergarten students who attended preschool or child care programs

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- Increase the percentage of students passing the Georgia Kindergarten Assessment program
- Reduce the percentage of students who are two or more years overage in the third grade

Children Succeeding in School

- Reduce the percentage of students who are absent ten or more days from school annually
- Increase the percentage of students performing above state standards on curriculum-based tests at the fifth and eleventh grades
- Increase the percentage of students scoring above the national median on normed achievement tests at the eighth grade
- Increase the percentage of students who graduate from high school on time
- Increase parental involvement

Strong Families

- Increase the percentage of stable new families (with the first birth to a mother who has completed high school and is age 20 or older, and with the father's name recorded on the birth certificate)
- Reduce the percentage of teenage mothers who have a second or higher-order birth before the age of 20
- Reduce the incidence of confirmed child abuse or neglect
- Increase the percentage of children in foster care who are placed in a permanent home
- Reduce the percentage of youths arrested

Self-Sufficient Families

- Reduce the percentage of children living in poverty
- Reduce the percentage of female-headed families living in poverty
- Increase the percentage of welfare recipients leaving public assistance because of employment or higher incomes
- Increase the rate of growth in employment
- Reduce the unemployment rate
- Increase affordable, accessible, quality child care

Missouri Family Investment Trust

Healthy Child and Youth Development (Children Ready to Enter and Succeed in School)

- Rate of infant and youth mortality
- Rate of infant low birthweight
- Immunization rate of 2-year-olds
- Rates of sexually transmitted diseases
- Alcohol and drug abuse rates
- Expanded access to developmentally appropriate, early care and education
- Incidence of clinical depression
- Rate of "learning readiness" at school entry
- Average educational achievement for age
- Graduation rates of 7th and 9th graders
- Indicence of fetal alcohol and drug trauma

Strong Neighborhoods and Families (Children and Families Safe and Healthy)

- Rate of parental child abuse and neglect
- Rate of teen pregnancy

- Rate of out-of-home placement
- Rates of delinquency and habitual delinquency
- Rate of child support default
- Increased resident involvement in neighborhood-based collective action
- Rate of violent crimes
- Rate of spousal abuse
- Average number of residents per housing unit
- Percentage of income paid for rent
- Income above poverty
- Increased "success" of neighborhood collective action efforts

Parents Working

- Percentage of high school graduates with BA or higher
- Community unemployment rate
- High school graduation rate
- Jobs in new or expanded community-based businesses
- Percentage of high school graduates with other post-secondary degrees
- Employment-to-population ratio
- Percentage of high school graduates employed within 90 days
- Accessibility of transportation from community to work and child care sites

Oregon "Urgent Benchmarks"

Nurture Children, Strengthen Families

- Reduce teen pregnancy rates
- Improve early childhood development
- Reduce teen drug use

Improve Public Safety

- Reduce juvenile crime
- Increase the number of communities involved in community-based law enforcement planning

Give High School Graduates the Essential Skills Needed for Success in Life

- Increase the number of high school students who meet the standards for a certificate of initiative mastery

Leave No One Behind in Oregon Life

- Reduce the percentage of Oregonians who live in poverty
- Increase the percentage of our high school graduates going on to college
- Maintain or increase the share of employment among Oregonians who live outside the Willamette Valley

Increase Health Care Access, Effectiveness

- Improve the economic access of Oregonians to health care
- Stabilize and reduce HIV cases

Manage Community Livability

- Improve air quality
- Reduce housing costs

Protect Natural Resources

- Increase wild salmon runs
- Protect air quality

Improve Public Service Delivery

- Increase agencies who use performance measures

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Appendix 2-4
Youth Visions -- Hawaii's Approach

About this Appendix:

In Hawaii, leaders asked youth to develop their own vision for Hawai'i's future, with a Youth Steering Committee compiling the results of an islands-wide survey of youth. Supported by the Hawai'i Communities Services Council and the Hawai'i Community Foundation, the result is being used to guide the state's benchmarking process. This approach helped bring youth into focus as a resource and asset rather than a problem.

For More Information:

Hawai'i Community Services Council, 200 North Vineyard Blvd., Suite 415, Honolulu, Hawai'i 96817 (tel: 808-539-3560, fax 808-539-3555)

Vision Statement and Commentary:

Ke Ala Hoku
The Children's Vision

The ENVIRONMENT of Hawai'i is clean and pollution-free, where native plants and animals are abundant, land is preserved, and recycling is a common practice.

SAFETY is assured in our communities due to the absence of violence, gangs, and weapons.

Our ECONOMY includes lowered taxes and cost of living, and affordable housing. It is multi-based, with many job opportunities for teenagers and adults.

The DEVELOPMENT of hotels, golf courses, and infrastructure has occurred only with necessity and with the preservation of the land.

EDUCATION in Hawai'i is provided through an ample amount of schools, with competent and qualified faculty. Hawaiian culture courses are widely available.

The PRESERVATION OF THE ALOHA SPIRIT has kept the unique culture of Hawai'i alive.

The SOCIETY of Hawai'i thrives on equality and respect for all. The attitude has led to better government, the end of homelessness and racism, and the control of over-population.

DRUGS in Hawai'i are taken in a legal, non-excessive manner.

NATIVE HAWAIIANS have a strong voice in government and have been compensated for losses.

Public TRANSPORTATION is provided to everyone, reducing traffic problems.

RECREATION for youth has been provided through abundant facilities and activities.

The HEALTH of the people of Hawai'i has improved through prevention of diseases.

More modern TECHNOLOGY, new inventions and alternative energy are readily available and frequently used by everyone.

> —We believe we can make a difference, especially when we work with other groups and individuals towards a common goal. We believe we can turn our vision into reality. We believe in leadership combining youth and adults. We believe youth must take action to improve their future lives.
>
> —Members of the Ke Ala Hoku Youth Steering Committee, 1996-1997

Appendix 2-5

Resources for Selecting Indicators of Child Well-Being

About this Appendix:

There are several works that are of particular use in selecting indicators of child well-being. Three of these are referenced below, with brief annotation.

Annotated Bibliography:

Improved Outcomes for Children Project. *Finding the Data: A Start-Up List of Outcomes Measures with Annotations*. Washington, DC: Center for the Study of Social Policy, 1995.

> For each of the indicators shown in Table 2-2, this document provides the following: a definition, a statement of its significance, facts about its prevalence in society, data sources from which it may be collected, commentary about its amenable to subpopulation analysis and comparability across states and over time, and other measures related to it. The indicators described are: low birthweight, prenatal care, non-marital teen births, immunizations, untreated vision or hearing problems, abuse and neglect, children in out-of-home care, child poverty, high school dropout, substance abuse, violent youth crime, teen suicide, teen homicide, accidental deaths, sexually transmitted disease and AIDS and HIV among teens, and youth idleness.

Love, John, "Can We Measure the Results?," in Kagan, Sharon Lynn, Sharon Rosenkoetter, and Nancy Cohen (eds.) *Considering Child-Based Results for Young Children: Definitions, Desirability, Feasibility, and Next Steps*. New Haven, CT: Yale Bush Center in Child Development and Social Policy, 1997, pp. 48-71.

> This paper describes current state-of-the-art methods to measure child results, with particular attention to child results in the context of the school readiness assessment. It includes a discussion of the issues involved in measuring developmental progress at early ages, and includes a number of possible measures, their sensitivity to community interventions, their strengths and liabilities as a measure, and their policy relevance.

Moore, Kristin. *Criteria for Indicators of Child Well-being*. Paper prepared for Conference on "Indicators for Children's Well-Being." Washington, DC: Child Trends, Inc., 1994.

> This paper discusses thirteen different criteria, shown in Table 2-5, that should be considered in selecting indicators of child well-being for use in community or state planning.

Appendix 2-6

Conditions That Lead to Child Success

About this Appendix:

There is a great deal of literature describing the correlates for child success and failure. The following annotated bibliography represents good syntheses of this literature. The chart, adapted from the work of Catalano and Hawkins, shows that adolescent problem behaviors are the consequence of a common "pool" of risk factors.

Annotated Bibliography:

Benard, Bonnie. *Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community*. Seattle, WA: Far West Laboratory, 1994.

This monograph provides an excellent synthesis of the literature, primarily from the field of "prevention," that describes the different protective factors — traits, conditions, situations, and episodes — that enable youth to overcome stresses and challenges. Benard first offers a profile of the resilient child and then describes the protective factors within the family, school, and community that foster that resiliency.

Haveman, Robert and Barbara Wolfe. *Succeeding Generations: On the Effects of Investments in Children* (Russell Sage Foundation: New York, NY: 1994).

This book draws from two decades of longitudinal data to evaluate the impact of many background factors — including parent education, family structure, and neighborhood environment — to determine which are most strongly associated with child educational success, adolescent parenting, and early adult employment. It concludes that parental educational status and neighborhood environment all are strongly correlated with child educational, social, and economic success.

Schorr, Lisbeth (with Daniel Schorr). *Within Our Reach: Breaking the Cycle of Disadvantage*. New York, NY: Anchor Press, 1988.

The first two chapters of this book, "The High Cost of Rotten Outcomes" and "The Risk Factors," describe the heightened likelihood of "rotten outcomes" (adolescent violent crime, leaving school uneducated, school-age childbearing) in situations, particularly those characterized by persistent poverty, where risk factors concentrate.

Known Relationships Between a Set of Risk Factors and Five Different Adolescent Problem Behaviors					
Risk Factor	**Substance Abuse**	**Delinquency**	**Teenage Pregnancy**	**School Dropout**	**Violence**
Community					
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓			✓
Transitions and Mobility	✓	✓		✓	
Low Neighborhood Attachment and Community Organization	✓	✓			✓
Extreme Economic Deprivation	✓	✓	✓	✓	✓
Family					
Family History of the Problem Behavior	✓	✓	✓	✓	
Family Management Problems	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓
School					
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓
Academic Failure Beginning in Elementary School	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	
Individual/Peer					
Rebelliousness	✓	✓		✓	
Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓
Early Initiation of the Problem Behavior	✓	✓	✓	✓	
Constitutional Factors	✓	✓			✓
Academic Failure Beginning in Elementary School	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	
Individual/Peer					
Rebelliousness	✓	✓		✓	
Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓	
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓
Constitutional Factors	✓	✓			✓

Source: Catalano and Hawkins, Risk Focused Prevention, Using the Social Development Strategy, 1995

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Appendix 2-7

Beyond a Linear Model to Reform

About this Appendix:

A common critique of the current system of services and supports is that it is categorical rather than holistic, with individual services designed to address only one service need (health, education, safety, etc.). The excerpt argues that, in moving to outcome-accountability, people should not make the same mistake in considering outcomes as separate and distinct from one another.

Source:

Bruner, Charles. *Beyond a Collaborative Model: Moving to a Holistic Approach to Systems Reform.* Des Moines, IA: Child and Family Policy Center Occasional Paper, 1996.

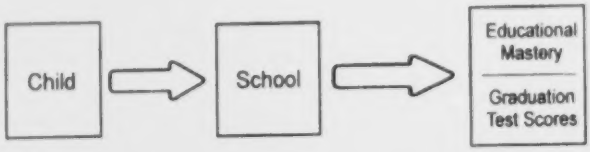
Excerpt:

Community collaboratives often start because a group of individuals recognize they need to work together to address the needs of children. Children bring more than educational needs into the classroom; pregnant women bring more than medical needs into the health clinic; families bring more than employment needs into the welfare office. Even if the primary goal is to improve educational performance, assure infant health, or establish family economic self-sufficiency, these other needs often must be addressed to make progress on the primary goal.

In essence, this is a rejection of a simple, linear (or social engineering) model for improving the status of children — shown below for education.

Figure One:

Linear Model to Educational Success

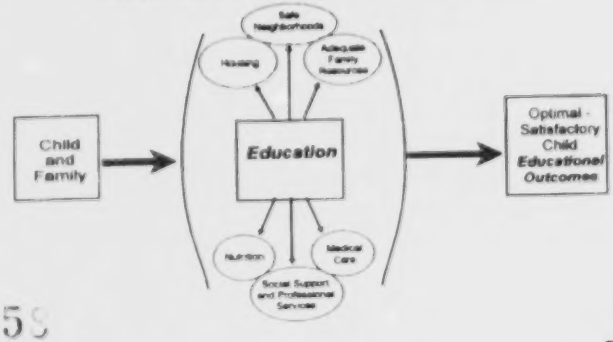


This linear model doesn't work for many children because it doesn't involve the family, at the left hand side, and because it doesn't address non-educational needs and concerns, in the center.

Many community collaboratives begin with a second, collaborative model, shown below, to improve a specific outcome such as school completion.

Figure Two

Collaborative Model to Improved - Optimal Child Educational Development

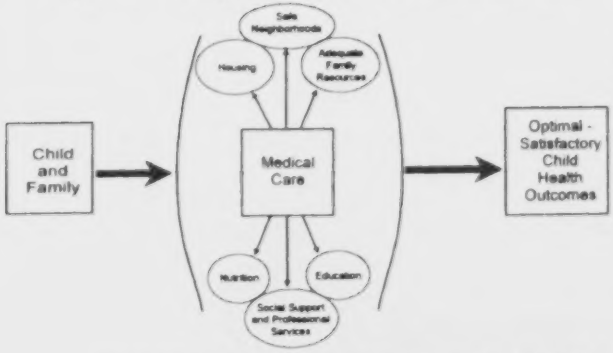


This model includes the family as well as the child, and establishes linkages to address a variety of non-educational needs the child and family may have. It still, however, places education — both as goal and as manager of the process — at the center of reform.

By changing these labels, of course, the collaborative model also serves to address other specific concerns, shown for child health below.

Figure Three

Collaborative Model to Improved - Optimal Child Health Status

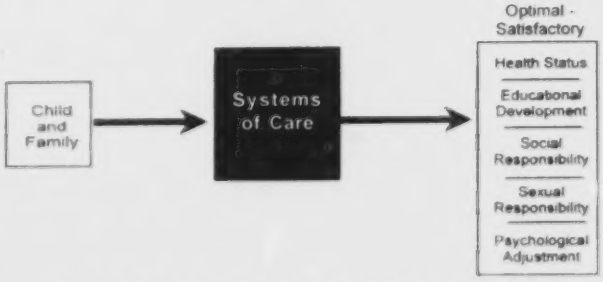


While the same players and systems are included in this model, the health care system and health goals are now at the strategic center. In fact, a number of different collaboratives often have developed within a community, based upon this collaborative model. While each may have a different end-goal — reducing adolescent pregnancy, reducing teen violence, improving school readiness, reducing infant mortality, reducing child abuse and neglect, increasing school completion — they usually share an orientation — as well as the need for similar partners in collaboration — to achieving that goal. They also often have identified the same families and children for their services. This is what has sometimes been referred to as a "fragmentation of collaboration" within communities.

Some communities are beginning to seek to establish a third model — a comprehensive and holistic model — that sets as a goal the well-being of children across a variety of dimensions of well-being. This model recognizes the need to develop a system of strategies, services, supports, and opportunities that work together to assure the full range of child outcomes. While communities still may have a variety of individual collaboratives focusing upon specific concerns, these must be linked to complement one another in a broader overall scheme. This comprehensive and integrated model is shown below:

Figure Four

Community Goals for Overall Systems of Care



This is a departure from the collaborative model in two important respects.

First, as the model shows, community collaboratives with a comprehensive focus must develop a series of outcome measures that accurately capture the dimensions of child well-being they seek. These outcomes must be seen as an interrelated constellation of outcomes and not as discrete and independent occurrences. It is not enough to achieve success on one or two dimensions of well-being. Sustained gains are possible only if they occur across all dimensions.

Second, the systems of support that are needed are not necessarily the purview of one, identified agency or professional discipline. Strategies are required that take a family-focused, consumer-driven approach, which requires responses from different agencies or professional disciplines at different times to address specific family needs and opportunities. While different systems (education, health, mental health, human services, community-based family support, etc.) may take the lead with specific families, the overall system must extend to all families. This frontline work (sometimes referred to as case management or care coordination, sometimes as family development or family support) must be able to secure needed responses from all agencies and professional domains as the child or family needs them.

In essence, this holistic, frontline work with families is at the strategic center, with all agencies and professional domains responsible to it. While existing agencies and professional domains may provide this frontline work for certain families, it is the community's broader responsibility to ensure this frontline work is available to all families in settings that they select and are more appropriate to their needs.

Appendix 2-8

Mapping Community Strengths

About this Appendix:

New tools and strategies have been developed to look at neighborhoods and communities from a strengths - as opposed to needs - basis. John McKnight and John Kretzmann, in particular, have developed conceptual and practical tools to map community assets and strengths. As McKnight and Kretzmann stress, many community assessments inventory neighborhood needs or deficits, but community-building must build from strengths and assets, not deficits. The Family Resource Coalition has produced a practical guide, *Know Your Community*, that provides a comprehensive approach to community assessment that incorporates asset mapping. The United Way of Cincinnati has used McKnight and Kretzmann's asset mapping approach and described its impact upon their work. This appendix briefly describes some of the literature on asset mapping.

Annotated Bibliography:

McKnight, John, and John Kretzmann. *Mapping Community Capacity*. Report of the Neighborhood Innovations Network. Chicago, IL: Center for Urban Affairs and Policy Research, Northwestern University, 1991.

> This article provides an excellent, brief conceptual overview of the difference between needs mapping and asset mapping and the power and potential for taking an asset approach to community assessment.

McKnight, John and John Kretzmann. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University, 1993.

> This book provides the nuts-and-bolts for making contact with a wide array of community-based organizations and affiliations in mobilizing a community for change. It serves as a resource and guide for identifying community assets and resources, including discussions of the different assets and resources that exist in communities and how to approach and engage them.

Samuels, Bryan, Nilofer Ahsan, and Jill Garcia. *Know Your Community: A Step-by-Step Guide to Community Needs and Resources Assessment*. Chicago, IL: Family Resource Coalition, 1996.

> This guide describes a five-part process to community assessment: (1) establishing a community planning team, (2) defining community boundaries, (3) developing a statistical profile, (4) assessing needs from residents' perspectives, and (5) identifying assets and resources. It includes many tools for collecting information, and emphasizes resident involvement in all aspects of community assessment.

United Way and Community Chest of Greater Cincinnati. *Report on Community Capacity Building*. Unpublished document. n.d.

The United Way and Community Chest of Greater Cincinnati worked with John McKnight and his colleagues in conducting asset mapping in several Cincinnati neighborhoods, as part of their community capacity building efforts. This report describes the work in Cincinnati, including lessons learned and challenges and opportunities to implementing an asset mapping process as part of a larger community capacity building initiative.

Appendix 2-9
A Framework for Measuring Comprehensive Service Reform Strategies

About this Appendix:

Ultimately, the goal of most community collaboratives is to produce change in the child and family well-being on a community-wide level. Specific service reforms, however, rarely can be expected to have such an impact without other changes at the community level. Many times, collaboratives develop new, more preventive and comprehensive service approaches. "A Framework for Measuring the Potential of Comprehensive Service Strategies" poses a six-level approach for evaluating such approaches. Only when the first five levels have been achieved, the article argues, can impacts be expected on a community-wide basis. The Table, drawn from this article, raises questions that need to be addressed at each of the levels.

Source:

Bruner, Charles. "A Framework for Measuring the Potential of Comprehensive Service Strategies." in: Young, Nancy, Sid Gardner, Soraya Coley, Lisbeth Schorr, and Charles Bruner. *Making a Difference: Moving to Outcome-Based Accountability for Comprehensive Service Reforms.* Des Moines, IA: National Center for Service Integration, 1994. pp. 29-40.

Toward Improved Outcomes - Measuring Exemplary Service Impact

Assessment/Evaluation Questions

A. Service Penetration

- What are the characteristics of families most likely to benefit from the comprehensive service strategy being developed?
- How do these correspond to the families who are receiving services and supports through that strategy?
- What proportion of families within the community with these characteristics are being reached by the service strategy?

B. Family Engagement

- To what extent do families initially reached by the service strategy "join" and begin participation?
- How long do they continue to participate?
- What are their reasons for ceasing to participate?

C. Family Growth

- What growth occurs for families during their time of participation?
- To what extent do families attribute growth and achievement of goals to some support provided by the service strategy?

- For what proportion of the families do the workers feel needed change has occurred, and in what ways has the service contributed to that change?

D. Community Embeddedness

- What visibility do the services/strategies have within the community?
- What proportion of families in the community are aware of the services and, whether or not they participate, what is their orientation to them?
- How do other community institutions and networks of community support view the services, and to what extent do they see them fulfilling a needed community role?
- To what extent have the services/strategies helped community residents define community need and set community goals?

E. System Response, Climate for Reform, and Change

- To what extent have the providers of comprehensive services identified and advocated for changes and new responses within other public service systems?
- What changes have (and have not) occurred within other service systems that may be attributed to this advocacy?
- To what extent have community residents identified and advocated for changes and new responses from other public service systems and from society as a whole?
- What changes have (and have not) occurred within other service systems and within society as a result of this advocacy?

F. Community-Wide Family Well-Being

- What changes in indicators of family well-being on a community-wide (both within and across neighborhoods within a community) basis have occurred since the initiation of new service strategies?
- Given the penetration of the service strategy and the extent to which other services have been able to respond to identified family needs, how much impact could the strategy realistically be expected to make?
- To what extent do community residents attribute any changes in the quality of life within the neighborhood and community to the changes in services?

Appendix 2-10
Innovation and Outcome-Accountability

About this Appendix:

This excerpt is from Chapter 17, "Buying Programs Buying Change," in Harold Williams' *Outcome Funding*. The overall book presents a different approach to grantmaking and budgeting than traditionally found in government- and foundation-funded projects and is useful reading for those seeking to produce change through financing new programs or projects.

Chapter 17 discusses the importance of investing in innovation, with investors needing to recognize that failures as well as successes can yield valuable dividends in moving toward more effective services. From their experiences with a wide array of innovative investments, the Innovation Group at The Rensselaerville Institute has developed twelve guidelines for making investments in innovation.

Source:

William, Harold. *Outcome Funding: A New Approach to Targeted Grantmaking, 2nd Edition*. Rensselaerville, NY: Rensselaerville Institute, 1993. [Excerpts taken from pages 194-216]

Excerpt:

An innovation is best described as a response to these three questions:

1. *What's wrong?* What is it about existing programs and products that is proving ineffective? Alternatively, what is the gap or niche that existing products do not serve?

2. *What's new?* In terms of either a new premise or refinement, what do you propose to do that will eliminate or at least substantially relieve the condition you have described above as problematic? Please be very specific about the key features of your approach.

3. *What's the project?* What specific project will you undertake that will explicitly test the ability of your innovation to outperform present practice? Be highly specific about the results that you forecast, how they are different from the baseline of performance now achieved, and the products your innovation would improve or replace.

Many funders mistakenly believe that the desired outcome from innovative projects is the same as for other projects: an immediate gain in program services. While this may occur, it is a secondary benefit. The primary gain is the testing of a new approach that shows promise of outperforming a present practice. In this context, as much gain can accrue from a failure as from a success. In our experience with hundreds of innovations, we have found that the most frequent outcome of a project that does not work is that other innovations are suggested which offer an increased likelihood of success.

The key to capturing the learning and change value of innovations is investor commitment to do something

with innovation findings in hand. This is a critical matter, since the incidence of effective *spread* of innovations is probably rarer than innovations themselves. The proportion of pilots, models, and demonstration projects that are never replicated at all is discouragingly high.

Two investor steps beyond project financing are critical. The first is to capture the informational value of the innovation project. Project analysis must address the question, "So what?" For those innovations that work on a small scale, what changes in larger policies and programs are suggested? To what activities and enterprises are both the findings and the innovation itself relevant?

The second step of *applying* learnings from an innovation must also be considered. Without initiative, innovation findings are not likely to be used, no matter how clear and compelling they may be. The reasons for this come from a most useful body of research on diffusion of innovation conducted by Everett Rogers and colleagues (*Diffusion of Innovation*, New York: The Free Press, 1982). The research has two key findings. First, innovations are much more effectively transmitted by a personal agent than by impersonal means, such as books and the electronic media. Second, most people are simply not ready to try something new, even when someone else has proven that it works. The predisposition of humans to use an innovation begins with a very few "early adopters." Then come the "mainstreamers," who will embrace a new practice only when it has been shown to work by an early critical mass. Until that happens, no amount of information or documentation is likely to lead them in that direction. Investors can find early adopters by shaping specific investment rounds which invite them to step forth and to apply an innovation. This strategy can be effectively combined with the personal agent theme.

We close with 12 guidelines to investors in innovations. They are based on tested assumptions for innovation.

1. *Be willing to place your bets on individuals.* Innovation does not come from books, budgets, or plans. It comes from individuals who have a vision for a better way and the project to express it. Innovation is rarely pre-formed in a tidy and complete program description. Its potential is better gauged by the presence of one or more people who are highly knowledgeable about alternatives to the status quo and who have the persistence to reach their goal.

2. *Be prepared to invest in some unruly people.* Innovators may not make ideal supplicants. They can be irritatingly self-assured. Their need for achievement may well dominate their need for affiliation, and they may gain their energy by having been fired or rejected by someone else. Remember, you are choosing an innovator, not an employee. The same traits that would lead to prompt rejection for hiring may prove essential in sustaining a difficult innovation. Remember George Bernard Shaw's comment: "The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore, all progress depends on the unreasonable man."

3. *Look for entrepreneurial characteristics.* Ask would-be innovators about past failures and

listen carefully. Do they blame their failures on external forces, or look squarely at their own mistakes? Did they learn from the errors or not? Ask about risk as the innovators see it. Do they distinguish between uncertainty (which they do not control and wish to minimize) and risk (which they can at least manage and calculate)? How sustainable is their energy? Above all, look at behavior. The innovator's past actions (i.e., at starting things and carrying them to completion) are a far more useful predictor than their words about the future.

4. *Ensure that money for innovations is available on a prompt and flexible basis.* On the one hand, investors need not have large pools of money available to encourage innovation. Indeed, more innovation comes from bootstrapping rather than from a rich resource base. On the other hand, energetic individuals with time-bound opportunities cannot wait six months for a decision and another six months to get funds. And they cannot work with a tightly-proscribed line-item budget that cannot be adjusted. Contracting guidelines for conventional project can stop innovators dead in their tracks.

5. *Give as much weight to those innovations which are not anchored in theory as to those which are.* Innovations may well precede conceptual development. In technology, for example, many of the most important 20th-century innovations began with an individual with a hunch, who had the ability to try it out. Innovations involve insight and intuition that cannot be understood in an analytical context. Some are not well understood until completed.

6. *Don't get hung up on what constitutes an innovation and what does not.* Definitional pursuits of such topics as "newness" quickly become red herrings. Instead, structure questions so that the response positions the project as an innovation in terms of change. Also, be strongly guided by projected results. Finally, look for characteristics known to be associated with many innovations. One is a focus on opportunities, not on problems. If a project must be done now to capture some time-bound conditions, it is more likely an innovation than if it is an idea perennially applicable.

7. *Avoid multi-person, multi-criteria review processes which are likely to eliminate some of the most divergent and promising of innovations.* One strongly supportive reviewer who feels that the innovation deserves a chance (for reasons they may or may not fully articulate) is worth more than a tepid consensus. The sharpest innovations are often eliminated in the committee processes. In terms of criteria, "reasonableness" and "feasibility" as seen by reviewers are not relevant to innovations, even if the reviewers are experts in the field. Fred Smith received a C from his Ivy League professor for

the paper that profiled what later become Federal Express. The main criticism: his idea was not realistic.

8. *Let the innovation be a start-up.* Innovators need independence, and often cannot start or even end within organizational frameworks. As long as it is not costly to do so, encourage independent initiative. If the innovation does take place within an organization, make it a condition of your investment that the sponsoring group grant the innovation deferment from procedural compliance. Further, let the innovator operate without monitoring. Use an occasional milestone and a focus on results for accountability. Remember, the payload is information and learning, not service.

9. *Structure your investment to give the innovators whatever entrepreneurial framework they may need.* Such a framework may include performance-based compensation or bonuses, clear personal responsibility, and clear ways to keep score. You can also add protection that the innovator is locked into the deal. While the venture capital approach of asking the entrepreneurs to pledge their home and car as collateral is not appropriate, innovators may well be willing to lend personal resources to the enterprise.

10. *Rather than to set aside innovations that are deemed too risky, work with implementors to reduce risk.* In many cases, risk is a matter of scale and can be handled by reducing the project to a more manageable size. Most innovators won't mind. Their interest is in trying out the idea and they are surprisingly willing to accept compromise as long as something can be tried. When the risk is known, ask yourself, "What's the worst thing that could happen if this project fails?" If you can live with the answer, proceed! (At the same time, give no added consideration to a project simply because it has a high risk. Risk, like novelty, is a side effect of some innovations, not a definer of them.)

11. *Be prepared to stay with your innovation selections once they are made.* While many projects flourish with funder indifference, innovations should not lightly be abandoned. Innovators may face unexpected barriers and your help in surmounting them can be critical. Indeed, some projects should be seen as partnerships, in which the investor must be prepared to play an active role to deal with obstacles that implementors cannot, by themselves, overcome. Another form of involvement may be progressively greater support while a project remains in a fragile start-up mode. An initial $10,000, three-month project may then serve a $50,000, twelve-month project in order to work itself into final form and impact.

12. *With the differences discussed, recognize that the framework of the full Outcome plan*

remains relevant. Indeed, the emphasis on a tight definition of the product and the connection to customers are especially valid with innovations. Innovations are often characterized by very clear premises, while driven by an evident problem of people whose needs are not well met by existing products. At the same time, not all innovations projects should be required to offer great detail. If an innovations project had all the answers, it would not be there in the first place.

Where innovation is needed, funders are in the catbird seat. More than almost any other group in American life, they tend to get what they promote. In may ways, the most critical contribution grantmakers can make is actually not money. It is a discipline about innovation that recognizes that the search for genuine alternatives to present practice requires very different tools than the support of on-going programs. Innovation is a core premise, not an add-on component. Innovation involves an explicit test of a new approach, not a massaging of dreams or visions.

Buying change is possible. But one needs the coin of that realm.

Appendix 2-11

Producing an Impact Upon Community Outcomes: *Implications for Returns on Investment*

About the Appendix:

Reforms often seek to think comprehensively, but they then act by establishing demonstration programs that are limited in scope and potential impact. This excerpt suggests the level of investment that may be needed to fully implement comprehensive approaches. The annotated bibliography provides further information on evaluating the potential benefits (returns on investment) from comprehensive, community-based reform strategies.

Source of Excerpt:

Bruner, Charles. "Where's the Beef? Getting Bold About What 'Comprehensive' Means," in Stone, Rebecca (ed.) *Core Issues in Comprehensive Community-Building Initiatives*. Chicago, IL: Chapin Hall Center for Children, 1996, pp. 85-86.

Excerpt:

When working within disinvested communities, it is important to distinguish between individual and community capacity building strategies. Historically, individual growth often produces mobility out of poor neighborhoods and the two strategies are not necessarily synchronous.

Today, many community initiatives focus upon only one of these two important strategies. There clearly is a need to better connect the two, conceptually and in practice.

One key is to honestly address what it means to be "comprehensive." If we limit our thinking to the perceived resources at hand, we may fail to explore the true potential of a comprehensive approach.

Unfortunately, few community initiatives today are truly "comprehensive." They lack the resources and opportunities to deliver what many socially vulnerable families need to grow and develop or the physical and economic capital disinvested communities need to rebuild. While initiatives may commit to extending beyond a categorical focus (e.g. working with families and within neighborhoods across multiple dimensions of well-being — psychological, social, educational, economic) this does not make them "comprehensive." They still experience constraints in providing essential supports. Sometimes, families can succeed despite some gaps and services, but many times these gaps are too great. Too many families are left untouched.

We do a disservice to suggest that we have any track record in testing whether "comprehensive community initiatives" can change the lives of residents of disinvested neighborhoods and the character of their communities. At best, we have been testing whether small-scale efforts can establish small footholds and allow some individuals the means to escape.

To be truly comprehensive requires building both individual and community capacity in more than a marginal way. It requires constructing a critical mass of activities

and opportunities so that residents begin to see new possibilities both in their own lives and in the lives of those around them. Ideally, a comprehensive community initiative would build upon itself and become much more than the sum of its parts. While mobility will always exist, comprehensive initiatives should increase the likelihood those experiencing individual growth would stay or that individuals with similar aspirations and abilities would move in if they did leave.

Often, existing resource constraints have confined our focus. Yet, if we are to find ways to succeed with children, families, and neighborhoods that current systems fail, we must start by defining the resources we require in order to implement at a breadth and depth sufficient to substantially impr e the life trajectories of community residents and the condition of the community in which they reside.

I believe we can make a compelling case for such an investment — because the social costs of current failures are so great. Leaders in Allegheny County, Pennsylvania, identified their fifty-two "highest risk" neighborhoods, where 222,000 of the county's 1,336,000 residents live. They are seeking to develop neighborhood-based strategies to improve the outcomes for children and families residing there. They asked the Child and Family Policy Center to establish the potential "return on investment" they might expect if they could succeed in reducing high rates of "rotten child outcomes" in those neighborhoods and their resulting public costs.

The Child and Family Policy Center contrasted the prevalence of "rotten outcomes" (child welfare cases, delinquency adjudications, impoverished single parent families, and violent crimes) in those highest risk neighborhoods with that in the rest of Allegheny County. We used these as proxies for the distribution of public expenditures on child welfare, juvenile justice, AFDC, and adult imprisonment (we developed other proxies for food stamp and Medicaid expenditures and tax revenues).

We then asked the question, "What if... those highest risk neighborhood rates of 'rotten outcomes' could be reduced to those found in the rest of Allegheny County? What would be the public financial gain?"

The answer was $ 563 million annually. In business analogy, there is a potential market of at least $ 563 million for successful reforms. The challenge is to develop a business plan with a realistic potential to capture a sufficient share of that market to justify its cost.

We can justify an annual investment in the tens, if not hundreds, of millions of dollars within these neighborhoods if doing so can bring neighborhood conditions closer to the rest of Allegheny County. Alternatively, even if a small investment, say $1 to $10 million, is wildly successful and produces a three or five to one return, it will scarcely make a dent in the overall disadvantage these neighborhoods experience. We can afford, and in fact, must (if we are to see clear signs of change) be bold in describing the scale that a truly comprehensive community approach to change individual and community conditions must entail.

I use the business plan analogy because it does not presume that we have proven strategies that merely require thoughtful implementation and traditional evaluation. The successful entrepreneur is one who sees a market others do not and develops new products (often through trial and error) to capture it. I believe that is how we must approach changes in disinvested neighborhoods. Once

we give in to the shape and constraints of the current world, we are unlikely to change it.

Annotated Bibliography — Return on Investment Modeling:

Return on Investment Modeling and Analysis

Return on Investment (ROI) modeling long has been used in the business community to make decisions on where to allocate resources. Strategies for assessing the ROI of public expenditures on children, youth, and families are just emerging. Some have focused upon determining the social costs of certain "rotten outcomes" (school failure, crime and delinquency, substance abuse) and then contrasted those with the costs of strategies with some evidence of reducing them. Others have examined particular strategies, usually fairly robust and comprehensive prevention-oriented programs, and sought to quantify their demonstrated impacts on the children, youth, and families they serve across a number of social program expenditures. A few have looked at public expenditures on "rotten outcomes" systematically, usually within specific neighborhoods, to determine the investments that would be warranted if they could produce system-wide change. Those place-based ROI models that have been conducted (Allegheny County in Pennsylvania; the Sandtown-Winchester neighborhood in Baltimore, Maryland; and Austin, Texas) have helped to identify the magnitude of the stakes and the potential investment returns involved in transforming neighborhoods.

There is no single ROI methodology to employ in policy making, nor should public commitments to supporting children, youth, and families be evaluated simply in terms of public dollar expenditures. Still, ROI modeling can provide a discipline for critically examining current, as well as proposed, public expenditures in order to design more effective strategies to achieve public objectives. ROI modeling also can help to make the case for investments in strategies at a scale where they can begin to impact adverse outcomes and their social costs. Finally, ROI modeling may surface strategies for holding specific strategies accountable to achieving the results they are intended to produce.

Annotated Bibliography

I. Theoretical Approaches to Investment-Based Budgeting.

There have been a number of different efforts to promote ROI modeling or "cost of failure" analysis as a way to re-orient the manner in which state and local governments analyze expenditures upon children and families. The following publications present conceptual models rather than actual application of the models to specific initiatives or financing systems.

The Conservation Company and the Juvenile Law Center. *Building Bridges: Strategic Planning and Alternative Financing for System Reform* (Philadelphia, PA: 1994).

— This monograph offers a conceptual model for financing systems conversions, exploring several options (such as public debt, internal "loan" funds, and special purpose authorities) as a means of financing transition costs. It examines two conversions, one in the public sector (Broward County, Florida's juvenile detention initiative) and one in the private sector (the Saturn Project).

Bruner, Charles (with Steve Scott). *Investment-Based Budgeting: The Principles in Converting from a Remediation Response to a Prevention Investment Budget* (Occasional Paper # 11: Child and Family Policy Center, Des Moines, IA: 1994).

— This monograph describes the rationale needed to convert from a remediation/response to a prevention/investment budgeting approach in state government, including the challenges to financing the conversion costs. It also offers a payback curve for the Perry Pre-School Program that shows the relatively long time-horizon needed to recapture initial investments when the focus is upon prevention programs in the early years of life.

Center for Assessment and Policy Development. "Appendix 7: A Primer on Analyzing and Publicizing the Cost of Failure." *The Children's Initiative Strategic Planning Guide* (Bala Cynwyd, PA: 1992).

— This appendix provided guidance to states involved in the Pew Charitable Trusts' Children's Initiative in how to define the cost of failure (the public costs of current "rotten outcomes" for children), think about different audiences for that analysis, developing a portfolio of materials related to the cost of failure, and publicizing results. It represents an early effort to incorporate ROI analysis into initiative design and thinking.

Brizius, Jack and the Design Team. *Deciding for Investment: Getting Returns on Tax Dollars* (Alliance for Redesigning Government and National Academy of Public Administration, Washington, DC: 1994).

— Written as a workbook, this publication provides a very linear approach to using outcomes and social costs to make decisions on investment strategies and move to financial decision-making based upon comparative investment values.

II. Program-Based ROIs. Projecting the Impact of Specific Program Interventions on Future Public Costs and Spending.

There have been a number of efforts to document the cost-benefits of specific programmatic interventions. Some have been widely quoted and used to justify program expansions — most frequently for prenatal care, for immunizations, and for early childhood education services. For instance, the expansion of financial access to

prenatal care for low-income women often is justified in terms of averted neonatal and other intensive care costs and longer-term social costs associated with preventable disabling conditions ($3.38 saved for every $1.00 invested).

Schweinhart, Lawrence, Helen Barnes, and David Weikart. *Significant Benefits: The High Scope Perry Preschool Study Through Age 27* (High/Scope Educational Research Foundation: Ypsilanti, MI: 1993).

— This monograph is based upon a rigorous evaluation of a high intensity early childhood education program in the early 1960s, with both a treatment and control group tracked over the next twenty years. The monograph shows an ROI of approximately $7 for every dollar invested, with the majority of those savings in reduced economic loss to victims of crime as a result of lower crime rates among the treatment group and other savings in reduced welfare dependency, use of special education, and increased earnings and tax contributions. Arguably, this research has been the most influential ROI analysis in securing public investments and has been widely cited in state and federal actions to develop and expand early childhood programs for disadvantaged children.

Olds, David, *et. al.* "Effects of Prenatal and Infancy Nurse Home Visitation on Government Spending," *Medical Care* Vol. 31, No. 2 (February, 1992), p. 155-174.

— This is one of the reports on the Elmira, New York project to provide home visiting and prevention services to high risk families, showing savings across AFDC, Medicaid, food stamps, and child protection services that more than covered program costs. Olds has written and researched extensively on home visiting programs, including a meta-analysis that shows mixed results for different programmatic efforts.

Huntington, Jane and Fred Connell, "For Every Dollar Spent—The Cost Savings Argument for Prenatal Care," *The New England Journal of Medicine*, Vol. 331, No. 19 (Nov. 10, 1994), p 1303-1307.

— This article reviews the literature on prenatal care and found no evidence that initiatives to increase prenatal care show immediate savings by averting $3 in neonatal expenditures for every $1 invested, although they may show other benefits. It calls into question simplistic approaches to related programs to subsequent savings. The actual $3.38 figure, drawn from a 1985 simulation by the Institute of Medicine, has become the rationale for many of the expansions of health care coverage for low-income pregnant women.

Select Committee on Children, Youth, and Families. *Opportunities for Success: Cost-Effective Programs for Children Update, 1990* (U.S. Government Printing Office: Washington, D.C.: 1990).

— This report describes a number of programs in health, nutrition, and education and draws upon the research and evaluation literature to argue that each is cost-effective. The dissenting views call into question the conclusions of the report. The report is a good illustration of how claims of cost-effectiveness can go well beyond the evaluation and research base to make them.

Bruner, Charles (with Stephen Scott). *Thoughts on Statistical and Substantive Significance — Are We Selling Programmatic Efforts Short?* (Occasional Paper #20. Child and Family Policy Center: Des Moines, IA: 1996).

— This monograph discusses the difficulty in constructing sufficiently sensitive measurement tools for determining whether or not programmatic efforts, particularly those individually tailoring responses, achieve their goals using experimental research designs. The Appendix provides an illustration suggesting that programs may have very high ROIs across several social cost areas although experimental designs will not show statistically significant impacts.

III. Outcome-Based ROIs. Assessing the Costs of Specific Rotten Outcomes/Conditions.

There have been a number of efforts to identify the range of long-term social costs associated with certain behaviors or conditions, generally drawing upon evidence of the relationship between a particular behavior or condition and subsequent "rotten outcomes" and their costs. These generally have been used to make the case for developing strategies that can change the behavior or conditions. These approaches often have been used to gather public support for attention to a particular issue. Most people have heard of studies that cite the costs of alcoholism or of smoking in the billions of dollars to society annually.

A. Child abuse.

Gould, Marsha and Tracey O'Brien. *Child Maltreatment in Colorado: The Value of Prevention and the Cost of Failure to Prevent* (Colorado Children's Trust Fund: Denver, CO: 1995).

— This study develops both direct and indirect cost estimates for child abuse and neglect. Direct costs include those related to investigating and treating abuse and neglect; indirect costs include those related to outcomes to which abuse and neglect is known to be associated (violence, teen pregnancy, domestic violence, criminal behavior, substance abuse, mental illness, unemployment, welfare dependency, etc.). The study then suggests investments that could be made in home visiting services to prevent abuse and neglect, with projected impacts upon direct and indirect costs.

Caldwell, Robert. *The Costs of Child Abuse vs. Child Abuse Prevention: Michigan's Experience*. (Children's Trust Fund and Michigan State University: Lansing, MI: 1992).

— This study draws from much of the same literature as the Gould and O'Brien study.

B. School failure.

National Governors' Association. *School Readiness* (Washington, D.C.: 1992).

— The National Governors' Association commissioned some economic modeling from the IBM Customer Business Development Division in Boulder, Colorado, on the potential additional tax revenues and reduced social spending resulting from improving the high school graduation rate of at-risk youth from 46% to 65% and to 90%. The IBM team also did modeling on increased tax revenues from improved higher education attainment in Colorado and the economic impact of prisoner literacy training programs in both increased tax revenues and reduced recidivism and social costs.

C. High risk youth.

Cohen, Mark. *The Monetary Value of Saving a High Risk Youth* (draft report submitted to the Urban Institute: Vanderbilt University, Nashville, TN: 1994).

— This report provides an econometric analysis of the value of saving a high risk youth from three different paths: (1) becoming career criminals, (2) becoming heavy drug users, and (3) dropping out of school, including a discussion of the methodological challenges in aggregating across the categories.

Child and Family Policy Center. *Investing in Families, Prevention, and School Readiness: A Framework Paper* (Des Moines, IA: 1993).

— This paper describes the research and evidence on the connection between poor outcomes in the early years (poor birth outcomes, insufficient nurturing in the early years, and inadequate developmental support) and future social costs. It then analyzes current public spending on prevention-oriented programs and contrasts those with social costs related to remediation, public protection, and maintenance programs for conditions that were at least partially preventable in the early years. Finally, it suggests the types of investments the state could make in avoiding poor outcomes in the early years, based upon the numbers of high risk families and children and the current investments being made in them.

D. General demographic relationships.

Haveman, Robert and Barbara Wolfe. *Succeeding Generations: On the Effects of Investments in Children* (Russell Sage Foundation: New York, NY: 1994).

— This book draws from two decades of longitudinal data to evaluate the impact of many background factors — including parent education, family structure, and neighborhood environment — to determine which are most strongly associated with child educational success, adolescent parenting, and early adult employment. It concludes that parental educational status and neighborhood environment all strongly correlate with child educational, social, and economic success.

IV. Program-Outcome Based ROIs. Assessing the impact of specific interventions on specific outcomes.

There are several recent studies that have used ROI modeling approaches to assess the relative impacts of different responses to specific social concerns. In effect, this combines program-based ROI modeling with outcome-based ROI modeling. Two of these have dealt specifically with the costs of criminal activity and specific programmatic actions to reduce that activity.

Greenwood, Peter, Karyn Model, C. Peter Rydell, and Jane Chiesa. *Diverting Children from a Life of Crime: Measuring Costs and Benefits* (RAND: Santa Monica, CA: 1996).

— This sophisticated study employed ROI modeling to contrast interventions with delinquent youth (both intensive monitoring and educational scholarships) with "three strikes and you're out" legislation, concluding the former had higher ROIs in averted criminal justice costs. Early childhood services had very low ROIs under the modeling, but only averted criminal justice costs were considered as social cost impacts.

Pichl, Anne and John DiIulio, Jr., "'Does Prison Pay?' Revisited," *The Brookings Review* (Winter, 1995), p. 21-25.

— Using a variety of techniques, this article concludes that the specific incapacitation value of incarceration is cost-effective for dangerous, repeat offenders but not for those involved in drug trafficking.

V. Place-Based ROIs. Examining Social Costs (and Investment Opportunities) in Disinvested Neighborhoods.

There are at least three examples of ROI modeling efforts applied to specific disinvested neighborhoods experiencing high levels of "rotten outcomes" and subsequent social costs (e.g. unemployment and welfare dependency and loss of tax base, crime and delinquency, social remediation expenditures in health and child welfare). This approach recognizes the

interrelationship among different factors that cause "rotten outcomes" and the "rotten outcomes" they produce.

A. Austin, Texas.

The Austin Project. *An Investment Plan For The Young. The Austin Project, First Phase* (Austin, TX: 1992).

— Employing geo-mapping, the Austin Project distinguished between the intensity of problems faced in Austin's inner-city areas and those faced in other parts of the community and began to quantify the systemic benefits of reducing those problems, as well as suggesting the potential cost-effectiveness of investments in certain prevention programs.

B. Sandtown-Winchester, Baltimore, Maryland.

The Enterprise Foundation. *An Economic Model for the Transformation of Sandtown-Winchester: Discussion of Methodology and Supporting Data* (Baltimore, MD: 1996).

The Enterprise Foundation. *Neighborhood Transformation Investment Plan* (Baltimore, MD: 1996).

Downs, Anthony. *Observations on the Enterprise Foundation's Project in Baltimore's Sandtown-Winchester Area.* Memorandum to the Enterprise Foundation, n.d.

— The residents of Sandtown-Winchester in Baltimore, with assistance from the Enterprise Foundation, are seeking to transform the entire neighborhood. As one aspect of this work, the Enterprise Foundation developed an assessment of public costs incurred within Sandtown-Winchester, a "business as usual" trend-line on these costs, and the types of investments that could be made that would alter this trend-line, showing a positive, overall return-on-investment through the year 2015.

— Anthony Downs reviewed the methodology and work of the Enterprise Foundation and provided a critique of this work, accepting the use of "simple-minded quantification" as an appropriate tool for demonstrating the dimensions of the issues, citing some of the limitations of applying internal rate of return analysis to complex public systems, and raising issues of the application of the ROI modeling to influence funding decisions.

C. High Risk Neighborhoods in Allegheny County, Pennsylvania.

Bruner, Charles (with Stephen Scott and Martha Steketee). *Background Paper, Allegheny County Study: Potential Returns on Investment from a Comprehensive Family Center Approach in High-Risk Neighborhoods* (Child and Family Policy Center: Des Moines, IA: 1996).

— This monograph employs geo-mapping to contrast the prevalence of "rotten outcomes" in Allegheny County's highest risk neighborhoods with the remainder of the county and then uses these as proxies for public spending in six areas (AFDC, food stamps, Medicaid, child welfare, juvenile detention, and adult prisons). It describes the potential market for new investments as the amount of reduced public funding and increased tax revenues available, if these neighborhoods were to be transformed to bear the characteristics present in the rest of Allegheny County. Finally, it does some modeling with a specific investment strategy — Family Centers — to suggest its potential impact upon these outcomes.

VI. Place-Based Theories: Rationales for Investment in Disinvested Neighborhoods

It is one thing to examine current and projected costs associated with the "rotten outcomes" prevalent in disinvested neighborhoods. It is another thing to connect programs and strategies to changing those "rotten outcomes." The following are several different explorations into the potential for comprehensive approaches to "succeed within neighborhoods current systems fail," in effect constructing a theory for change within disinvested neighborhoods.

Porter, Michael. "The Competitive Advantage of the Inner City." *Harvard Business Review* (May-June, 1995), p. 55-71.

— Porter argues that the solutions to the problems of the inner-city must be based upon fostering inner city business development rather than increasing social investment and hoping for economic activity to follow. He poses specific advantages to an inner city development strategy: strategic location, local market demand, integration with regional clusters, and human resources.

Lemann, Nicholas. "The Myth of Community Development." *New York Times Sunday Magazine* (January, 1994), p. 27-31ff.

— In this and other work, Lemann critiques efforts to rebuild neighborhoods, in part because he argues it may be impossible to truly regenerate neighborhoods, as residents who experience personal economic growth move out.

Research and Policy Committee of the Committee for Economic Development. *Rebuilding Inner-City Communities: A New Approach to the Nation's Urban Crisis.*

— This influential committee of business and education leaders promotes the development of partnerships between government and business in revitalizing distressed neighborhoods. It draws

from some of the cost-benefit literature on specific programmatic interventions in justifying such investments.

Bruner, Charles. *Realizing a Vision for Children, Families, and Neighborhoods: An Alternative to Other Modest Proposals* (National Center for Service Integration Clearinghouse: Des Moines, IA: 1996)

— This monograph reviews a diverse array of research and theory on the conditions needed for children to succeed at high levels, concluding that it will require a critical mass of family support, systems reform, social capital development, and community economic development within disinvested neighborhoods to alter the expectations for children and families, but that the stakes involved make the effort worthwhile.

Bruner, Charles. "How Can Empowerment Zones Succeed? The Case of the 'NotSoEZ' Community, in *Disinvested Communities and Comprehensive Services: Linking Family, Community, and Economic Development.* (Occasional Paper #15: Child and Family Policy Center, Des Moines, IA: 1995)

— This article describes the characteristics of an inner-city neighborhood in terms of job readiness and job needs. It then suggests the types of human capital development strategies necessary for the population to be job ready, and the mix of public sector, indigenous, and external private sector jobs that residents require to transform

Appendix 2-12
Measuring System Accountability

About this Appendix:

Each service system must have its own set of accountability measures, based upon its role in producing the conditions needed to achieve community outcomes. This excerpt from a longer monograph by Charles Bruner describes, first generically and then applied to two service systems, the characteristics of "productive service systems."

Source:

Bruner, Charles. *A Framework for Developing and Holding Comprehensive Reform Efforts Accountable for Improving Child Outcomes*. Des Moines, IA: Child and Family Policy Center, 1995.

Excerpt:

System outcomes. A third necessary ingredient to improving long-term outcomes relates to how the many public and professional service systems serving children and families respond to their needs. While each may have a primary objective (public schools in educating youth, health clinics in providing medical services, substance abuse treatment programs in helping individuals overcome chemical dependency), they cannot be isolated from other systems and must be connected both to effective frontline practices and to whole villages. They must develop a connection with the children and families they serve and, in turn, help strengthen child and family bonds with the whole village.

The Figure below provides a listing of six attributes of productive service systems — applicable both to individual services serving children and families and to the configuration of these services as a whole. While the specific measures for each may differ, depending upon whether one is examining child welfare services or looking at K-12 schooling, measures can be constructed to provide a reasonably complete view of whether the systems are producing these results.

Figure
Attributes of Productive Service Systems

- *Seamless and Coordinated in Response*
- *Integrated into Community Life*
- *Timely in Responding to Opportunities*
- *Sufficient to Meet Objectives*
- *Efficient in Meeting Objectives*
- *Adaptive and Learning*

In this figure, *seamless and coordinated in response* refers to the need for individual systems to have effective referrals and follow-ups to other systems, when children or families require services and supports that require that outside response. It also speaks to minimizing the disruptions and discontinuities that can occur in such transfers, and pays particular attention to making smooth "hand-offs" from one service to another. This seamlessness also must exist with respect to new frontline

approaches being undertaken to help families in their growth. In many instances, the professional service systems must be in a responsive position to those frontline workers and their families.

Integrated into community life means that services seek, as much as possible, to create pathways for children and families to voluntary and community support systems, as opposed to ongoing professional services. When ongoing professional services are needed, the emphasis is still upon providing as much support as possible within the child and family's own community circle. Professional systems have a responsibility to connect the child, youth, or family to the "whole village."

Timely in responding to opportunities means that services are sufficiently flexible to respond when needed. Part of being seamless in delivery of services and supports is being timely. In addition, however, productive systems take advantage of the moment of opportunity. Time often is used as a management tool to reduce the demand on the system; productive systems can identify when immediate response is needed and take action accordingly.

Sufficient to meet objectives means that sufficient resources are devoted to achieve the system's specific objectives and that services are not diluted to the point that they are ineffective. The objectives of any particular system may represent only a portion of the actions needed to produce an impact on long-term outcomes, but resources must be sufficient to meet those objectives.

Efficient in meeting objectives means that there is a minimum of wasted effort and that resources are focused on the task at hand.

Adaptive and learning means that services continue to use their experiences to improve their capacity to respond effectively. Citizen monitoring and parent feedback mechanisms constitute practices that can assist in assuring that services learn from the consumer's, as well as their own, experiences.

The following two figures apply these abstract attributes to two very different, but important parts of a community's system of services for children and families — child welfare and elementary education. In both instances, the measures developed correspond to the system's achievement of these goals in practice, based upon broad system objectives.

Figure
Productive Child Welfare System — Outcome/Accountability Measures

Seamless and Coordinated in Response

- System minimizes reliance upon remote, institutional, and out-of-home care.
- System minimizes the number of moves of a child from one setting to another, and, when moves are necessary, transfer is made in a fashion that all relevant information is transferred.
- System identifies child's special educational, health, and social support needs and secures needed responses from those systems to meet the needs, minimizing discontinuities and movements from one system to another.

Integrated Into Community Life

- Placements are made with the least disruption possible, with maintenance of frequent contact

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with parents and siblings, except where unwarranted.

•When placements are made, dislocations from family, supportive relatives, schools, and positive peer environments are minimized.

•System takes steps to establish contacts and ties for children, families, and caregivers within the community, extending beyond professional service systems.

Timely in Responding to Opportunities

•System establishes realistic permanency plan quickly and engages all parties (especially parents) in defining and fulfilling their roles and responsibilities under the plan.

•Crises are responded to immediately, without resorting to placement as a vehicle for "sorting things out."

Sufficient to Meet Objectives

•System achieves permanency plan goals in reasonable time frames.

Efficient in Meeting Objectives

•System minimizes the use of institutional and residential placements and reduces the length of stay in placement.

•System protects the safety of the child and minimizes occurrence or re-occurrence of abuse or neglect (both in family and in substitute care).

Adaptive and Learning

•New information and incidents inform permanency plan goals and objectives.

Figure
A Productive Elementary Education System - Outcome/Accountability Measures

Seamless and Coordinated in Response

•Schools identify non-educational needs of children and families and secure needed responses from other systems to meet those non-educational needs.

•Schools follow-up with those systems to assure that responses and strategies complement and are coordinated with school activities with the child (and family).

Integrated Into Community Life

•Parents regard the school as a resource and support to them and their children.

•Parents are involved in school and their children's education.

•Schools have knowledge of, and maintain and relationships with, other voluntary community organizations and institutions that enable appropriate schools to serve as referrals to or recruiters for those voluntary organizations.

Timely in Responding to Opportunities

•Schools respond immediately to absences from school or changes in a child's school behavior and performance, in sufficient depth to identify and respond to underlying reasons for those changes.

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Sufficient to Meet Objectives

- Children receive the instructional support needed to master age-appropriate skills and proceed on-grade at reasonable levels of achievement.

Efficient in Meeting Objectives

- Schools minimize the transfer of children outside the classroom and outside the school for meeting need.
- Schools make extensive use of volunteers and parental participation in their children's learning.

Adaptive and Learning

- Schools build into their planning systems feedback and perspectives from a diverse array of parents and students, and decisions reflect this feedback.

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